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Winter 1974

## Jefferson Alumni Bulletin – Volume XIII, Number 2 Winter 1974

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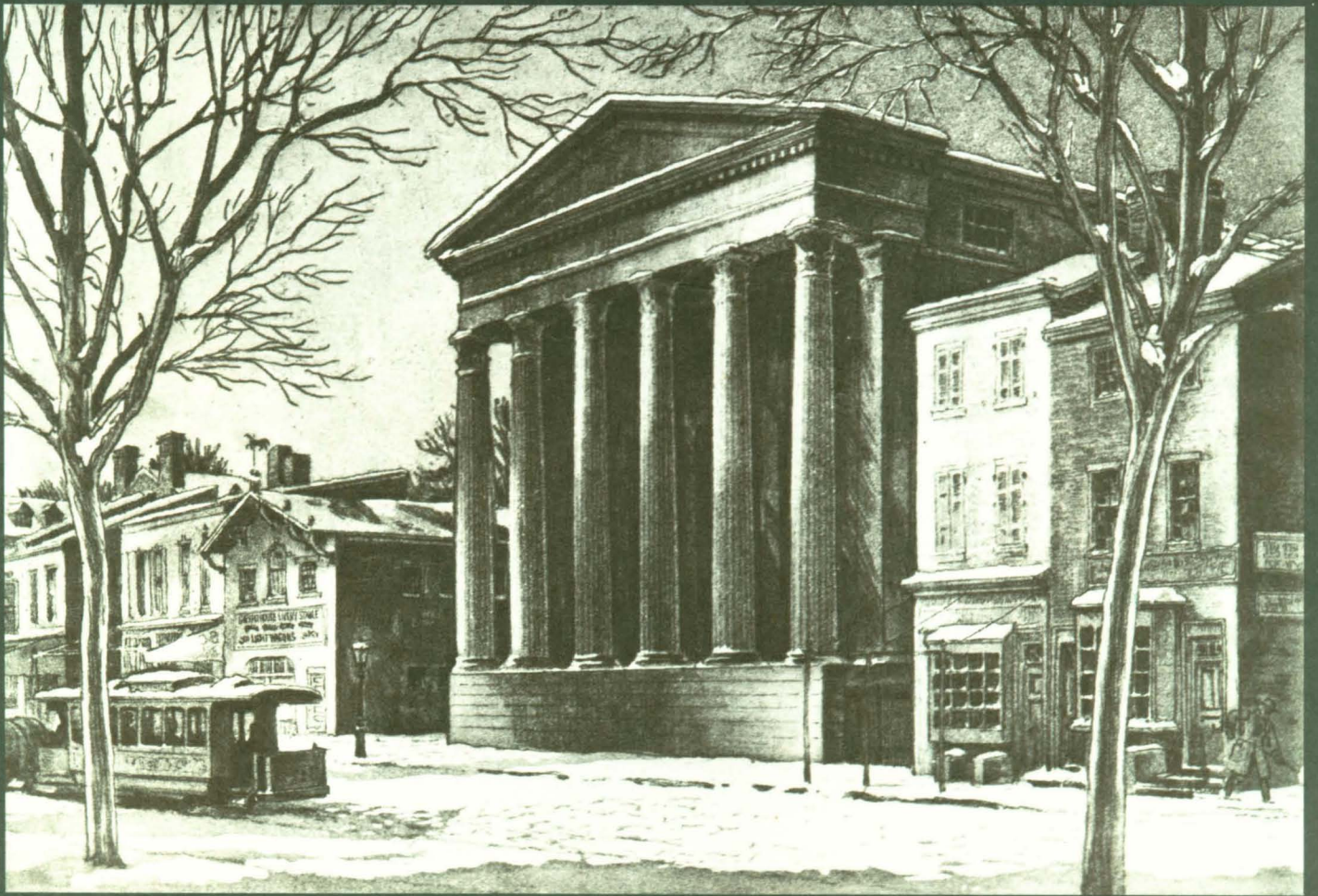
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# Jefferson

MEDICAL COLLEGE

ALUMNI BULLETIN

Winter 1974



Miss Marian L. Gray  
36 Pennsylvania Ave.  
Coatesville, Pa. 19320

FJ

Sesquicentennial Issue



## **Clinical Teaching Facility**

**Francis J. Sweeney, Jr. M.D.**  
**Vice President for Health Services**  
**Thomas Jefferson University**

Dr. George McClellan, the founder of Jefferson Medical College, treated patients in an infirmary adjacent to the first medical college building on Prune Street (Locust Street). Since that time, patients have been continuously treated at Jefferson although it was not until 1877 that the first formal "Jefferson Hospital" was built on the site of the present Thompson Building. Jefferson now has four buildings devoted to patient care—three of which are outdated and in some areas substandard—"Old Main" (1907); Thompson Building (1927); and the Curtis Clinic (1929). Only the Foerderer Pavilion at 11th and Walnut Streets approximates today's needs for patient care. Because of these deficiencies, there has been concern for the redevelopment of clinical teaching facilities of the University in context with the Jefferson Medical College, the College of Graduate Studies, the College of Allied Health Sciences, and with the surrounding community.

In 1969 the Board of Trustees accepted and supported a proposal from President Peter A. Herbut that the present obsolete hospital facilities be replaced with a new Clinical Teaching Facility that would enable the University to provide a complete setting for its educational activities and a level of amenity that would allow the support of an appropriate community of patients. Planning has continued under the direction of the Master Planning Committee of the Board of Trustees, chaired by Frederic L. Ballard, Esquire, Vice-Chairman of the Board of Trustees, and aided by the Vice-President for Planning, Mr. George M. Norwood, Jr.

The proposed Clinical Teaching Facility will support the described goals of Thomas Jefferson University which are:

1. The education of medical and allied health personnel at undergraduate and graduate levels.
2. The provision of continuing education to practicing health professionals.
3. The maintenance of a rich environment for the continuing search for knowledge in the medical sciences and in the art of health care delivery.
4. The development of educational and care services which will contribute to improved levels of health and well-being of our community.

The Clinical Teaching Facility will be an essential element of the University. It will not alone be a hospital or a hospital and some clinics, but rather it will be an instrument of the educational process which affords students and teachers alike an exemplary setting for the interaction of superb patient care and the education of many professionals who must work together throughout their careers. It will be, as well, a mutual resource for clinical research programs and an important health resource for the community it serves.

The gradual disappearance over the past several decades of the "clinic patient" from hospitals and the evident and predictable increase in the scope of ambulatory patient services has provided a significantly different environment for the clinical education of health professionals.

A multi-disciplinary structure for care and teaching designed around physiological systems will be provided rather than continuing the traditional fractionated typical hospital organization and physical structure of today. These systems will permit the concentration of responsibility for delivering the ancillary services needed, for the provision of continuing rather than episodic care to patients, and for the attainment of both personal and professional satisfaction for patients, teachers, students, and staff.

This new concept of medical education and patient care will combine the delivery of in-patient and ambulatory care in one physical complex and will, therefore, bring about significant economies in our teaching and in the delivery of patient care while permitting the delivery of primary, secondary, and tertiary care on the Jefferson campus.

The Clinical Teaching Facility will be the result of a combination of the Foerderer Pavilion and a new building. The two will be bridged across Sansom Street at every level.

The new building, which will encompass the city block between 10th and 11th Streets and Chestnut and Sansom Streets will contain 400 beds and 110 physicians' offices. The major portion of diagnostic and therapeutic services will be provided in the southern half of the new building, and the in-patient programs in the Foerderer Pavilion and the northern half of the new building are designed to draw on these services at each respective level. Intensive Care Units will be

*continued on inside back cover*



## **SESQUICENTENNIAL REPORT**

Total Amount Pledged,  
Alumni Division

**\$1,030,014**

from **271** alumni

against a

**\$4,000,000** goal

Total Amount Pledged,  
All Divisions

**\$5,643,300**

against a **\$15,800,000**

phase one goal

*(as of January 15)*







## Medical School Founders

At least twelve Jefferson alumni helped to establish new medical schools throughout the United States and in Canada.

## Samuel D. Gross: The Lesson of His Life and Labors

W. W. Keen's 1910 Commencement address recalls Gross' extraordinary career.



## Anniversary Calendar

Each calendar month contains an event of historical significance for Jefferson.

## Jefferson Portraits: History and Enigma

J. Douglas Corwin '35 and his son James H. Corwin II '56 relate the complex odyssey of Jefferson's Benjamin Franklin and Thomas Jefferson portraits.



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## On the Cover:

In this special Sesquicentennial issue we highlight Jefferson's 150-year history, its art and its artifacts, its architects and its architecture. On the cover designer Lou Day recreates the Jefferson of 1846 with his illustration of the second remodelling of Medical Hall (see page 32). Original by Edward C. Smith of Philadelphia.

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# MEDICAL SCHOOL FOUNDERS

*At least twelve JMC alumni helped to  
establish medical schools in every part of the  
United States and in Canada.*

BY JOY R. MARA

**T**he political turmoil that characterized the founding of Jefferson Medical College one hundred fifty years ago was by no means unique in the annals of nineteenth century medical education. Most of this era's medical schools, in fact, shared Jefferson's early financial problems and bickering, peripatetic faculties. Rivalries were strong and ethics often weak.

Because most medical schools were unaffiliated with universities and without strong or interested trustees, it was easy for individuals to assume an exaggerated, sometimes omnipotent role. It was an age marked by strong individual influence and imprint, where a great man could found a great medical school or an ambitious man could find personal power and notoriety. State legislatures often contributed to the power vacuum by rubber-stamping charter requests. Consequently, the growth of medical education was geographically haphazard, lacking in anything approaching systematic design.

Many of the men who helped to shape this era and the medical education of the future were Jefferson graduates. At least twelve JMC alumni helped to establish medical schools which became Jefferson's contemporaries and often its rivals in every part of the United States and in Canada. Not all of the alumni founders were great men, and some were not even admirable men. But all were commanding men with the will and the intelligence to accomplish the directives of their varying motivations.

Facing the problematic atmosphere of the age, not all of these schools survived. One of those which did not was the Medical Department of Pennsylvania College, established by Jefferson's own founder, George McClellan.

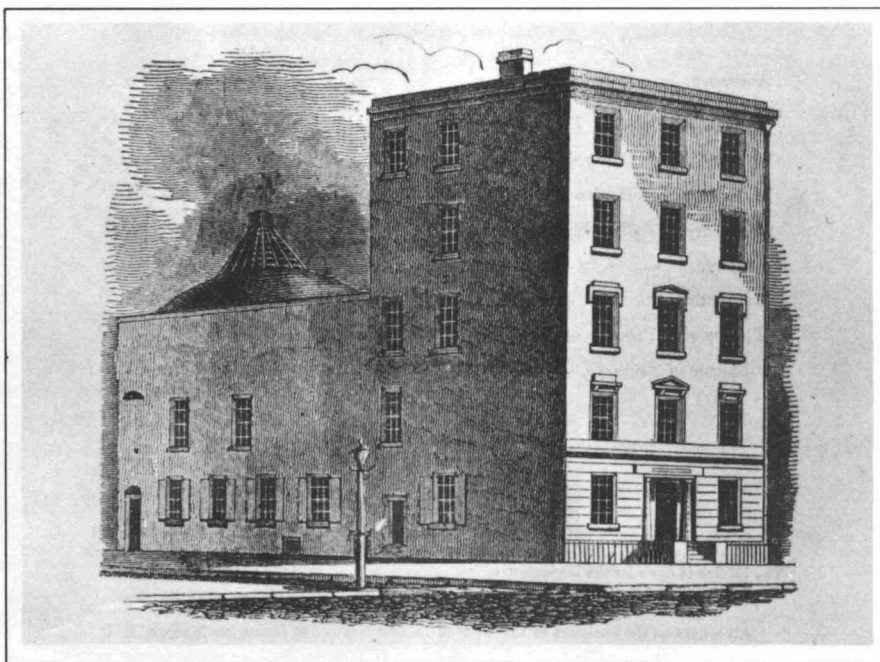
McClellan, who was the prototype of the strong-

willed individual founder, left Jefferson in 1839 on the losing end of a political struggle between the faculty, the Board of Trustees and himself. Although McClellan realized that the growth and changes at Jefferson had dispersed his personal power, he objected most to the assumption by the Board of Trustees of many prerogatives he felt to be his. He was blatantly scornful of any authority but his own, probably because he saw Jefferson as his own creation and was confident of his ability to direct its affairs. Nonetheless his consciously political actions divided Jefferson so bitterly that its very viability was threatened. The Board of Trustees, taking steps it hoped would avert disaster, disbanded the faculty of 1839. When a new faculty was organized, laying the groundwork for the famous faculty of '41, George McClellan's Chair of Surgery was given to Joseph Pancoast.

The tradition of a strong Board of Trustees provided a cohesion and a direction that helped Jefferson to survive when many of its contemporaries could not. But the loss of George McClellan was felt. His stature as a surgeon had never been in dispute, and his personal popularity with the students led many of them to leave Jefferson when he did. In 1839, at age forty-three, McClellan enlisted these students and established his second medical school (Philadelphia's third), affiliating with Pennsylvania College, a small Lutheran institution which later became Gettysburg College. The Pennsylvania legislature granted him the right to issue medical degrees the following year, voting shortly thereafter that no other college could henceforth sponsor a degree-conferring department or branch outside its own municipality. The ploy which had served McClellan twice was thus outlawed.



*The Philadelphia College of Medicine at Fifth and Walnut Streets. The building contained its own museum, two lecture rooms, a domed anatomical theatre, and a dissecting room.*



McClellan's tenure with the Medical Department of Pennsylvania College was no less stormy than his Jefferson years. It was, however, much shorter. The faculty of the Department, which included some of McClellan's Jefferson associates, was marked by dissension from the outset; financial difficulties caused additional stress. When it became obvious that the faculty was completely unable to work together, the professors resigned en masse in 1843. McClellan's own resignation, reproduced in an early Department publication, shows a conspicuous deletion from the original, said to be a reference to a seemingly inevitable personal controversy which had figured prominently in the affair.

The Medical Department was reorganized with new men and new quarters, but without George McClellan who died in 1846, a pauper as a result of unsuccessful land speculation. The new faculty worked together for nine years, but personnel changes and continued financial problems led to the Department's eventual demise as a separate entity. In 1858 it merged with the Philadelphia College of Medicine, which had been established by another Jefferson alumnus, James McClintock, 1829.

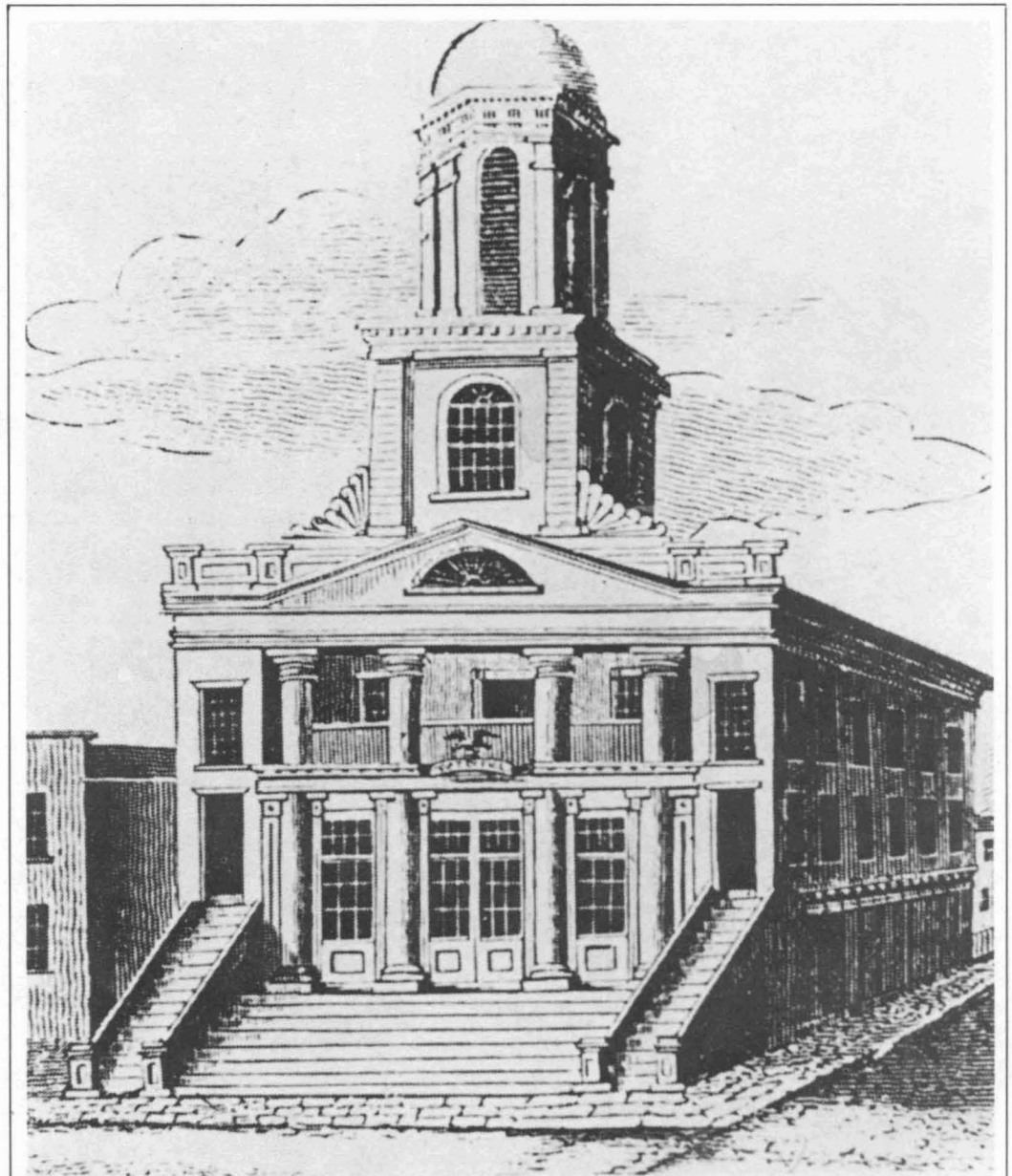
McClintock, who was noted for his brilliant demonstrations in anatomy, was a student of John Eberle and the McClellans at Jefferson. Like most faculty members of the day, he went on to hold teaching appointments at many different schools, with only a brief tenure at each. Jefferson, Washington College and Dickinson are some of the area schools he taught for; Castleton Medical College in Vermont offered him its Presidency, but he refused it to assume the Chair of Anatomy at the

Berkshire Medical Institute. In addition to his medical career, McClintock participated actively in politics and was elected to several important public offices.

Although McClintock was obviously highly thought of as a surgeon and anatomist, his more conservative Philadelphia colleagues regarded his behavior as somewhat irregular. He became known in Philadelphia medical circles when he successfully conducted a private school called the Philadelphia School of Anatomy. He tired of the project eventually, and moved on to other positions. In 1843, however, he returned to Philadelphia to enlarge his old school.

McClintock assembled a full medical faculty, including Jefferson men like Henry Hartshorne and James A. Meigs, and applied to the state legislature to charter his Philadelphia College of Medicine in 1847. Jefferson, which had been in the same position only twenty years earlier, this time joined with the University of Pennsylvania in trying to prevent the establishment of another new medical school in Philadelphia. The legislature, however, felt that existing medical schools constituted a kind of monopoly and, therefore, granted McClintock's charter despite protests from the medical establishment.

The PCM charter provided for winter and summer sessions, with degrees conferred at the end of each session. This allowed students to graduate in one year instead of the two years which were usual at that time, making the school popular with students who wanted to complete their training quickly. Nonetheless, the Philadelphia College of Medicine suffered the same problems as conventional schools: high personnel turnover, faculty quarrels and the perennial financial difficulties. In 1854 the faculty



*Buffalo Medical School's first building at Washington and Seneca Sts. This early building program was community supported.*

*The first Medical School, Washington and Seneca Streets*

reorganized and adopted the Code of Ethics of the newly formed AMA. Although this united the personalities involved, the faculty soon learned that even ethics cost money.

The financial burdens became so overwhelming that the Philadelphia College of Medicine, as noted earlier, decided to accept merger with the Medical Department of Pennsylvania College in 1858. The combined schools only survived until 1861, when the Civil War caused an exodus of Southern students from all Philadelphia schools, and adequate funding became impossible to obtain. Two subsequent efforts to revive the school were unsuccessful.

With the frequent reference to financial difficulties, it should be noted that those words meant something different to nineteenth century medical schools than they do today. Schools in those days were not confounded by Presidential vetoes, bureaucratic mismanagement or state employees' strikes, because funding by the government was virtually nonexistent. The early schools without strong boards of trustees had to rely on individual contributions and faculty support.

Students at that time paid certain fixed, usually nominal fees to the institution. The institution was not responsible for remunerating its faculty, because students

paid a fee to each individual professor for attending his particular course of lectures. Often, however, college expenses exceeded the institution's income, and faculty members were expected to make up the difference.

At Jefferson, for example, such expenses as rent and repairs to the original Tivoli Theatre classroom building, museum maintenance etc. were paid from the private practices of its teaching physicians. When the need for expansion and new buildings arose, the Jefferson faculty was unable to finance them on its own. While JMC did have a strong Board of Trustees to turn to for fund-raising assistance, many schools were not as fortunate. Lacking interest-accruing endowments, wealthy benefactors or dedicated trustee fund-raisers, some institutions were unable to survive in the hand to mouth situation. The high turnover among faculty members also contributed to the problem.

Fund-raising was not such a burden for a medical school with widespread civic support, however. The University of Buffalo Medical School, founded in 1846 by James Platt White, '1834, aroused an unusual degree of public interest and enjoyed the financial support of the prosperous Buffalo community. Its first building program, in fact, was made possible through the generosity of city residents.

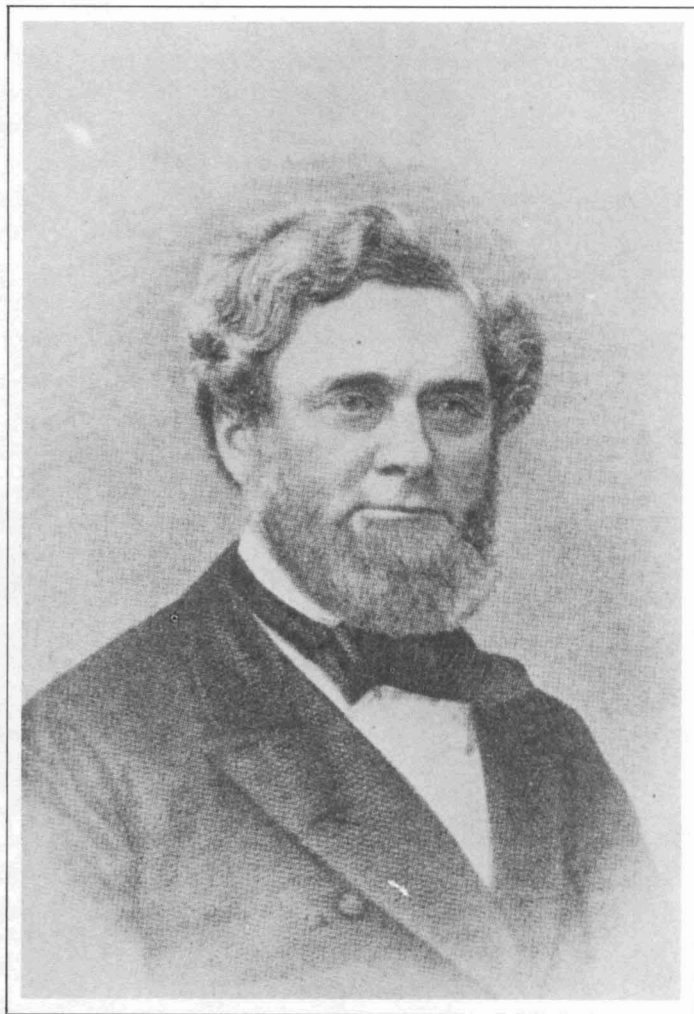
The Buffalo location appealed to Dr. White for several reasons, in addition to being his adopted home. A growing community, the city was well-placed geographically and was large enough to offer sufficient possibilities for clinical instruction. Many of the early schools, particularly those in rural locations, found the lack of clinical opportunities a severe handicap in attracting students and professors. In this regard, the Buffalo school indirectly profited from the problems of neighboring Geneva Medical College. Before the establishment of the University of Buffalo, Geneva had been the only medical school in the area and thus had maintained a large faculty and student body. Buffalo's obvious advantages attracted many of the well-regarded Geneva professors to the new school, which was something of a coup for Dr. White. It proved to be a greater coup than anyone realized; the entire faculty stayed together at Buffalo for an extraordinarily harmonious five years.

The new school was also somewhat unique because it had the broad charter of a liberal arts university rather than simply a medical college charter. Because White and other members of the medical profession insisted on this design, their base of public support was wide even though other departments took many years to become established.

Despite Buffalo's relatively favorable position, it did not lead an entirely placid early life. Dr. White himself

characterized the early years as a success, "although the project was met with bitter opposition, and we were surrounded by cheaper schools." The bitter opposition he refers to came mainly from the older upper New York State medical establishment, which seemed to feel that Geneva Medical College was sufficient to the needs of the area, or secondarily that the area had enough doctors in competition as it was. Many of those who were upset by the new rival for Geneva were equally outraged that White and his close associate Dr. Austin Flint did not choose members of the Buffalo establishment to dominate the faculty of the new school.

Once the Buffalo school was established, White himself became the center of a biting controversy. A Professor of Obstetrics and Gynecology, he was the first in the United States to give clinical instruction during labor and childbirth. This now utterly routine procedure provoked a great deal of violent abuse of White himself and of the university which retained him. Some of the attacks by the medical and lay press were so scurrilous that White was



*Dr. James P. White . . . he believed in Buffalo.*



able to sue successfully for libel. He was, of course, ultimately vindicated on a professional level as well.

White went on to become one of the area's most respected physicians. He was noted personally as a kind, cheerful, self-confident individual of great energy and great physical capability. A railroad accident shortly after his marriage had deprived him of the power to rotate his head, but did not prevent a ten-year career in general surgery and many years of distinguished service in his specialty. Founder of the American Gynecological Society, he was known as an expert ovariectomist and a traditionalist who did not believe the membranes should be ruptured under any circumstances. His restoration of an inverted uterus after the condition had existed for nearly twenty-five years was a landmark in his day. He was also one of the early advocates of teaching "psychological medicine." The professional respect he earned is in part indicated by his election to the presidency of the Medical Society of New York State and of the Buffalo Medical Association.

White seemed to believe in Buffalo as much as he did in its medical school. His first medical undertaking, even before his graduation from Jefferson, was as an emergency physician in Buffalo during a virulent cholera epidemic, and he continued to work for the city all his life. He cooperated in the establishment of maternity, foundling and general hospitals and was instrumental in the creation of two insane asylums in the city. Active in civic projects, he helped bring about a renovation of the city's business district and public park. It is said that overwork eventually caused White's death. The school he founded remains successful today, incorporated as part of the S.U.N.Y. System.

James P. White's career probably seemed to him controversial enough for any one man. But controversial seems too pale a word to characterize the dichotomous, uproarious personal and professional life of White's fellow JMC alumnus and medical school founder, Charles Aloysius Luzenberg '1827. It is difficult to present an objective account of Dr. Luzenberg's career, because his contemporary observers were unable to remain objective about him. He has been commended for his "indefatigable quest for knowledge," his ability to "inspire confidence and command respect" and his "intellectual mien." He was likewise censured "on account of his mendacity, ignorance, presumption and ill-breeding." Recorded facts about Luzenberg's life seem to offer ample support for both his defenders and his detractors.

Dr. Luzenberg is best remembered today as a founder of the Medical College of Louisiana, now Tulane University School of Medicine. Born in Germany in 1805,

his family immigrated to Philadelphia when he was fourteen; at age twenty he entered Jefferson Medical College. Luzenberg came under the particular influence of Philip S. Physick while at JMC, and he graduated with high honors. Following graduation he served for two years on the Jefferson faculty as a Demonstrator of Anatomy under Professor N. R. Smith.

When Luzenberg decided to move to New Orleans, which was seen at that time as something of a boom town, he obtained his first position in a characteristically unorthodox manner. Rather than relying on letters of recommendation, of which he had many, he performed a difficult amputation at Charity Hospital to convince its physicians of his ability. Fortunately for Luzenberg and the amputee, his ability was convincing. During his tenure at Charity he achieved national attention as the originator\* of a treatment for variolus disorders which helped prevent pox marks.

Luzenberg's marriage in 1832 to wealthy widow Mary Fort was as significant for his medical career as for his personal life. Her ample fortune allowed him to study abroad for two years under famous surgeons like Dupuytren and to take advantage of his facility in French and German. More importantly, his secure financial position allowed him the independence he so valued and so obviously maintained throughout his life. It did not, however, prevent him from charging unusually high fees. As medical biographer R. French Stone put it, "He never compromised (his) dignity by underselling his services."

Paradoxically, he was also known as a friend of the poor. He built the Franklin Infirmary and the Luzenberg Hospital, which were designed according to the most modern European principles; the Franklin Infirmary even had a museum of natural history for the patients' amusement. Wards in each facility were devoted to the care of the disadvantaged. Luzenberg also spent two hours each day giving free care to the poor; during a yellow fever epidemic in 1837 he treated all poor German immigrants without charge.

There are as many versions of the founding of the Medical College of Louisiana and Luzenberg's role in it as there are recorders of the event. Some credit Luzenberg with nearly total responsibility for the school's establishment, adding that his personal friendship with the state's governor made obtaining the charter an easy matter. Other accounts more prominently feature several additional physicians as co-founders, which view the school itself maintains today.

Some things are unquestionable, however. The College was chartered in 1835 with Luzenberg holding the chair of surgery. It also seems safe to conclude that the

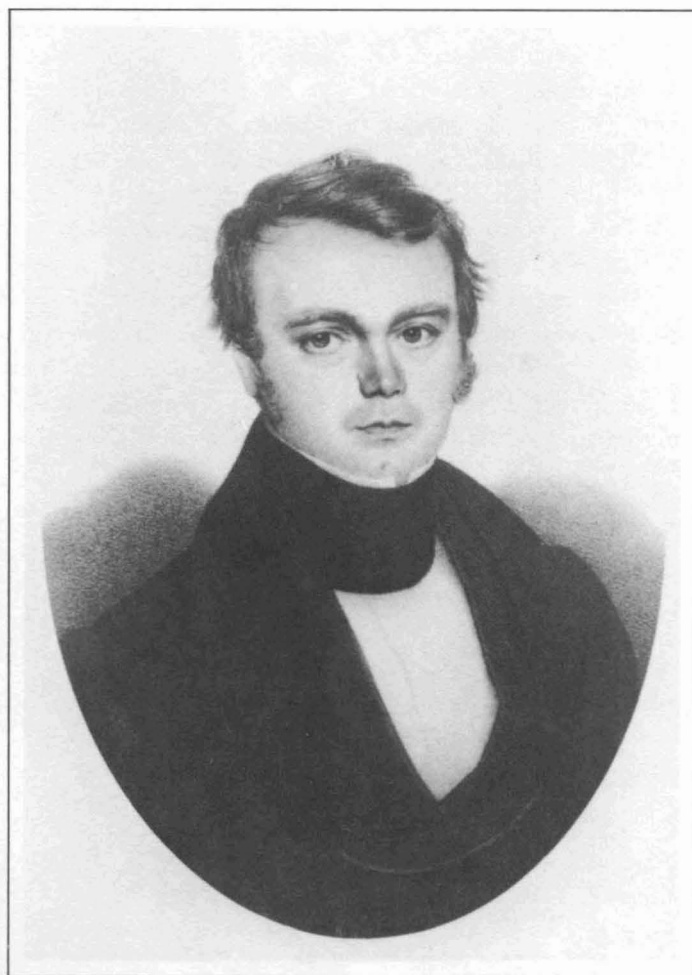
*\*or the first to publicize the method; it is unclear which.*

school did not simply breeze into existence and local popularity by act of a friendly Louisiana governor. The New Orleans medical establishment was evenly divided between French and English speaking physicians, and the French doctors were insulted and dismayed that nearly the entire faculty of the new medical college was English-speaking. The faculty itself was young, and its qualifications were questioned on these and other political grounds. Because of its large French population, New Orleans had a very European ambiance and orientation. The idea of a group of individuals, rather than the government, simply creating a medical school was entirely alien to the continental New Orleans medical mind. Few denied the practicality of having a medical school in the city, but the method of establishment seemed too haphazard and unorthodox to deserve serious consideration.

Former Tulane Dean Stanford Chaillé wrote that the school earned serious consideration only after “seven years of unrequited and unaided professional labors by the faculty.” He did not add that these labors took their toll on the faculty, which was marked by dissension. Luzenberg, who was included in that faculty for only three of those seven years, was a part of that dissension. He became the second Dean of the College in 1836, and in 1837 he severed all connections with the school for “unstated reasons.” Since he refused to turn over the diploma plate, the College seal and other official regalia, one can infer that his departure was not marked by equanimity. Nor were his relations with the New Orleans medical community for some years to come. In 1838 Luzenberg operated on an elderly Seminole Indian woman for cataracts. A local reporter published a greatly embellished account of the operation, and the Physico-Medical Society of New Orleans felt that Luzenberg had intentionally sought publicity; subsequently the Society’s ethics committee charged him with moral and professional misconduct.

It is unclear if Luzenberg actually had sought publicity or if the reporter had merely overstepped his bounds; either possibility seems entirely likely. In any event, Luzenberg, according to the records of the Society, rather than “exculpating himself from the charges aforesaid did transmit to this Society an offensive and ungentlemanly communication” along with his resignation. The Society ignored his resignation and expelled him from their ranks, publishing a vitriolic attack on his character. The pamphlet stated, among other things, that Luzenberg had left the Medical College because he could no longer bear the contempt of his students and colleagues. It even credited a rumor that Luzenberg used the corpses of his patients for pistol target practice.

Luzenberg refused to address himself verbally to these inflammatory charges. Because he was a member of the



*Dr. Charles A. Luzenberg . . . it is difficult to find an objective account of his controversial career.*

New Orleans City Council at this time, the Council investigated on his behalf and proved the Society's character assaults unfounded. Luzenberg could have used the target practice however, because he himself challenged most of the Society's leading members to duels of honor, a common, if illegal, practice in New Orleans at that time. The responses to his challenges and the outcomes of the duels are not recorded. Since his survival is, we can assume his relative success.

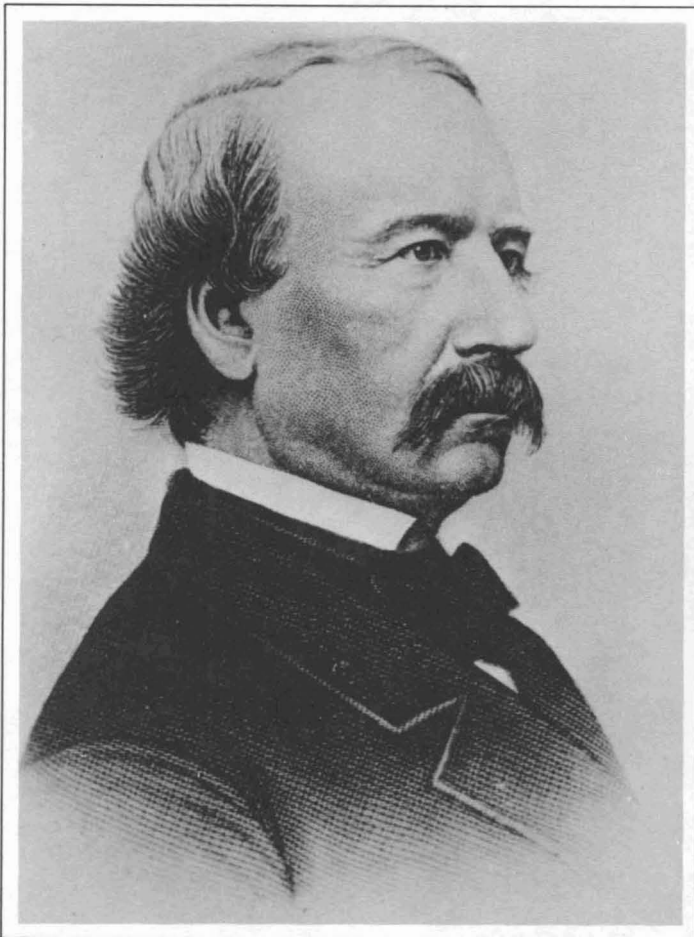
The ultimate result of the Luzenberg controversy was the dissolution of the Physico-Medical Society. In a typical twist, Luzenberg decided to help bring the medical community back together. He founded the Louisiana Medico-Chirurgical Society and was elected its President in 1843. This Society, unlike its predecessor, included both the French and English medical establishments. It grew to support the Medical College and even to promote the College's building campaign; it also started the *New Orleans Medical and Surgical Journal*.

In that same year, however, Luzenberg alienated the business and legal establishments in New Orleans by recommending that the city be quarantined for yellow fever. This was a common dilemma for physicians in cities with similar climates and similarly appalling sanitary conditions. Bus-

inessmen and politicians, for obvious reasons of self-interest, never wanted to have their city known for its pestilence. Physicians were often pressured to "misdiagnose" diseases like yellow fever to avoid costly and embarrassing quarantines. Luzenberg, however, was something of a crusader for improved sanitary conditions in New Orleans and was in any event never a man to be intimidated.

In 1848 a severe heart condition made it necessary for the physician to give up the practice of medicine. Seeking a change, he began a leisurely trip to a health retreat in Red Sulphur Springs, Virginia. He died enroute at the age of forty-three. After his death piles of manuscripts were found among his effects and a fine collection of old and new literature on yellow fever. His manuscripts were all in Latin and all unfinished.

Luzenberg's funeral was as diverse as his life had been. It was conducted in French, English and German and was attended by many representatives of such unconnected groups as the Philharmonic Society, of which he was President; the Society of Natural History and Sciences, which he had founded and to which he bequeathed a large collection of specimens; the Protestant Female Orphan Asylum, whose children followed Luzenberg's bier in procession; and the medical profession.



Daniel Brainard . . . a commanding force at Rush.

Very different from the European undertones of New Orleans was the atmosphere of America's midwest, which, particularly in the early nineteenth century, was still pioneer country. When Jefferson graduate Daniel Brainard '1834 arrived in Chicago in the fall of 1835 he found mud, casual wooden structures and a population of 7500, many of whom, it is said, were pig dealers, Indian agents, horse thieves, grog sellers and "rogues of every description." According to the account offered by pioneer Chicago lawyer John Dean Caton, Brainard, though no rogue, fit in rather well with the surroundings. "(He) rode up to my office wearing pretty seedy clothes and mounted on a little Indian pony. I advised him to sell his pony . . . and put his shingle by the side of (my) door." Brainard took Caton's advice and began a Chicago medical career which eventually distinguished him as one of the "great western surgical triumvirate."

Brainard's first action was to obtain a charter for Chicago's first medical school. Because there were no established medical schools nor indeed even a medical establishment per se, no self interests lobbied to obstruct the grant. Quite the contrary, the area was very pleased with the opportunity to improve medical care for Chicago and the frontier west. The Act of Incorporation named many prestigious citizens as Governors for the College, and the entire venture seems to have been marked by an unusual degree of public spirit.

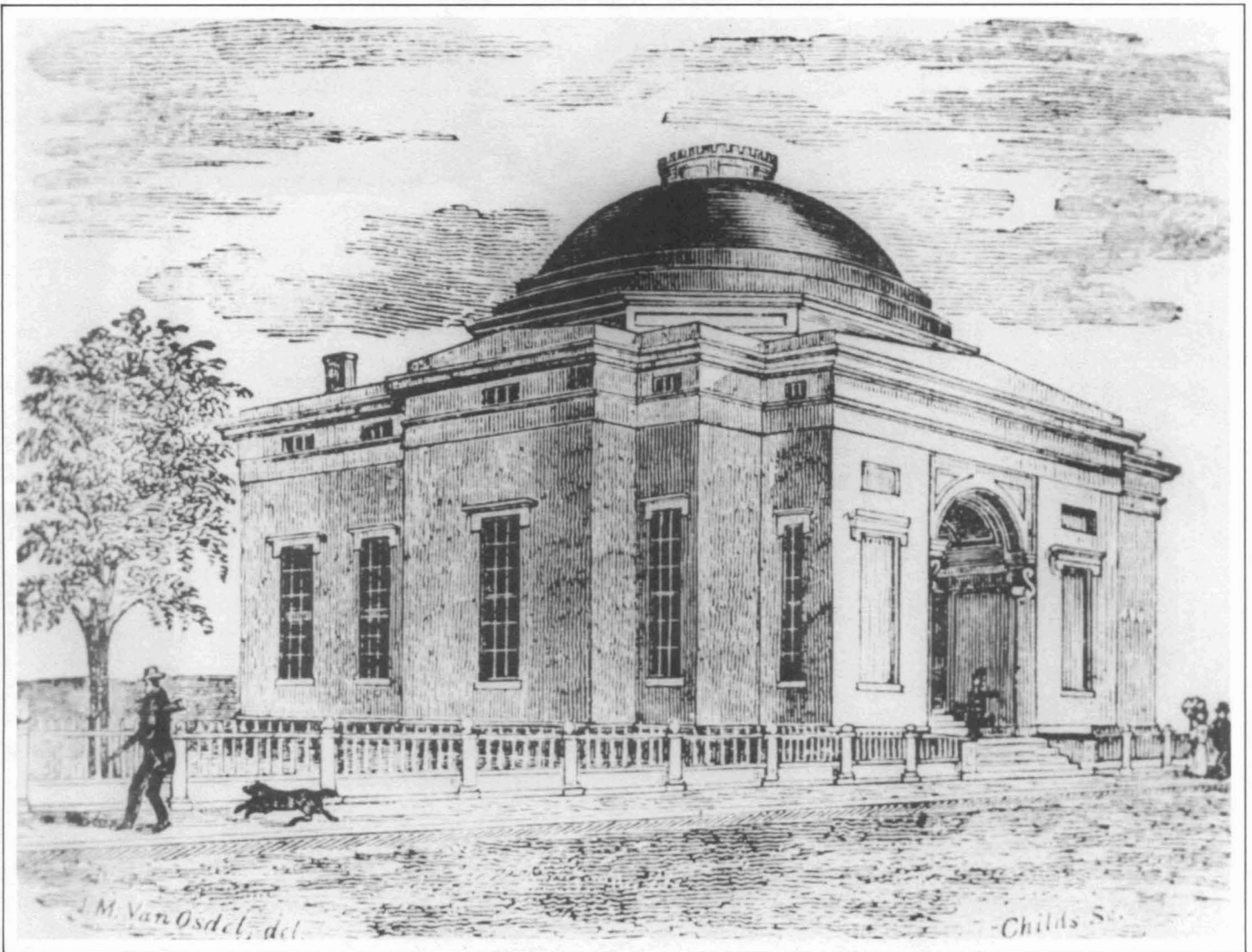


Although Brainard had obviously picked the right town in which to charter his medical school, it was very definitely the wrong time. America's first major depression halted public and private enterprise in 1837, making impossible any endowment for the new school. Brainard named his school Rush Medical College in hopes that the well-to-do heirs of Philadelphia physician Benjamin Rush might be moved to alleviate the school's financial problems. They were not, and Brainard went to wait out the depression in Paris, with the consolation that the name Rush was at least "euphonious, had good associations and no bad ones."

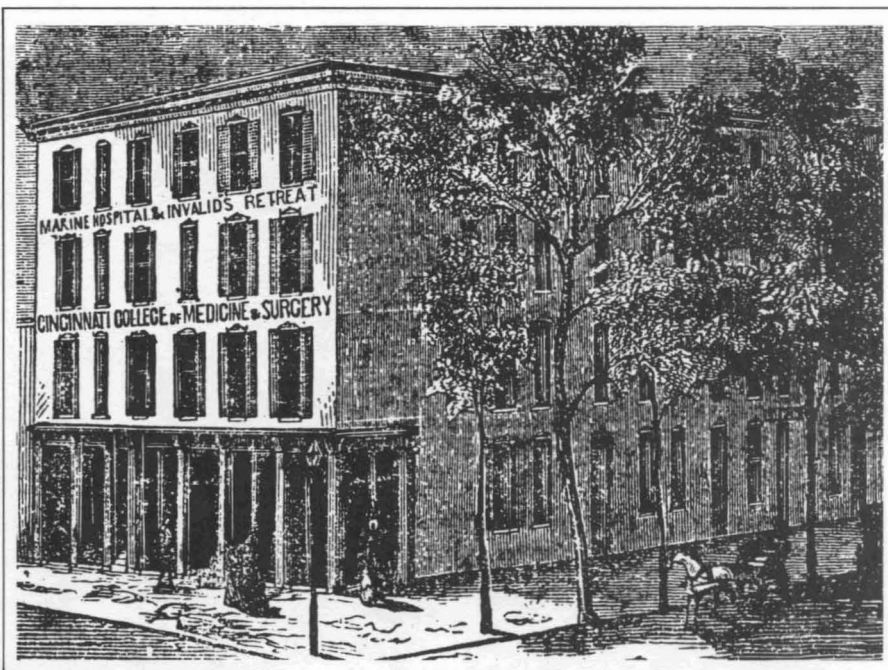
In 1843 Brainard's project was able to secure adequate funding and became an operating reality. Its first quarters were not lavish; classes were held in Brainard's office in the "saloon building" on Lake Street, and students waded through the mud to a dissecting room in a rear shed. The first graduating class had twenty-two members.

The start was not an inauspicious one, however. Brainard assumed the professorship of Anatomy and Sur-

*Rush Medical School.  
Before this building was built  
students met in Daniel  
Brainard's office in the Lake  
Street "saloon building."*



*Cincinnati College of  
Medicine and Surgery 1851-  
1871 . . . "Baker's school."*



gery, and he was successful in attracting other able physicians to serve with him, among them Moses L. Knapp, a fellow JMC graduate who became Professor of Obstetrics and Gynecology, and James P. White's co-founder at Buffalo, Austin Flint, Sr. By 1850 the school was in a very favorable position, with other medical schools in Illinois and Indiana foundering, and the growth of Chicago making possible greater opportunities for clinical instruction.

From the start Rush was known as an innovative medical school, open to new practices and ideas. As early as 1847, for instance, "laughing gas" was administered for anesthesia, and the use of chloroform was instituted the following year. The college library contained over six hundred volumes by 1846, and a free dispensary had been established. Even more unusual, Miss Emily Blackwell, whose sister Elizabeth had been firmly denied admission to Jefferson because she was a woman, was accepted as a Rush matriculate.

Despite its encouraging beginnings, Rush was not spared the usual faculty imbroglios. The most serious of these involved the reformer and AMA founder N. S. Davis, who joined the faculty in 1849 and who disagreed with Brainard about the proper method for choosing new professors. Davis wanted to require practical demonstrations by applicants and Brainard, whose authority was considerable, refused. Davis resigned and established his own medical school, which later became the medical department of Northwestern University. Even amidst these difficulties, however, the faculty successfully financed early improvements for the College.

Although Dr. Brainard was always a commanding force at Rush, in the classroom his appearance was quiet

and unassuming. He was tall, well-proportioned and strongly built and was said to be dignified to reserve. Noted as a splendid teacher and skillful surgeon, he was a popular member of the faculty and a respected citizen of Chicago.

Brainard's scientific work attracted world-wide attention, particularly his prize-winning article "An Essay on a New Method of Treating Ununited Fractures and Certain Deformities of the Osseous System," which was an American classic for many years. An editor of and frequent contributor to the *Northwestern Medical and Surgical Journal*, his clinical investigation of rattlesnake venom was particularly important to the West. He was honored with membership in the *Société de Chirurgie* in Paris and with the Presidency of the *Illinois State Medical Society*.

One biographer recorded that in his later years, Brainard was more concerned with money-making, in real estate and other ventures, than with medicine. It is possible that he did decrease his clinical practice as he got older, but there is no doubt that he always continued to fulfill his medical teaching responsibilities. Brainard's somewhat bizarre death, in fact, came after a lecture in 1866 in which he digressed to tell his students how to protect themselves against cholera, which had plagued Chicago for the last thirty years. That evening he began writing an article on the subject. He developed symptoms of the disease during the morning, and by the following evening he was dead.

The school to which Brainard had devoted most of his life survived the Chicago fire to become affiliated with the University of Chicago in 1898. In 1942 this union was dissolved and Rush was financially forced to discontinue its operations. But in 1969 the school was revived under its old charter and is operating successfully today.

In sharp contrast to the relatively favorable midwestern climate for medicine and medical schools in Chicago, Cincinnati, where Jefferson graduate Alvah H. Baker established his medical school, was known as the medical no-man's land of the day. This does not imply a shortage of physicians or medical facilities. Cincinnati was simply a maelstrom of petty rivalries, rapacious ambition and pervasive medical politics. Jefferson's Samuel D. Gross, for instance, taught in Cincinnati for several years, but was influenced to move on precipitously to Louisville by his distaste for the political machinations which permeated the Ohio medical profession in general.

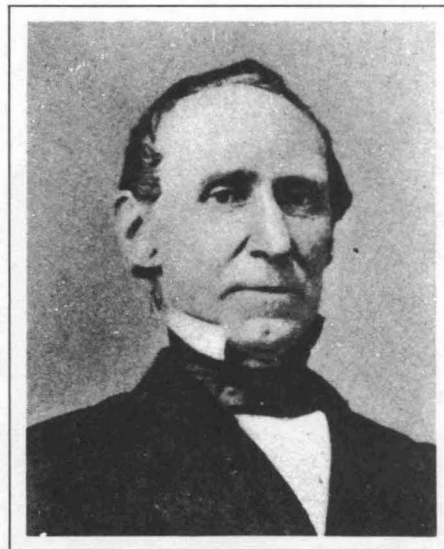
However, Alvah Baker, about whom a good word is hard to find, seems to have been in his element in Cincinnati. An 1831 graduate of Jefferson, Baker first practiced in Alexandria, Ohio. When he was denied a teaching appointment at the Medical College of Ohio, he began conducting quiz courses on his own for medical students in Cincinnati. He was soon able to obtain a charter for his own new medical school, which was incorporated as the Cincinnati College of Medicine and Surgery.

The phrase "his own school" is uniquely descriptive in Baker's case. From the beginning he completely dominated the College as its Dean and Professor of Surgery, tightly controlling his faculty members. He was a good judge of men, since he assembled a creditable original faculty. No one could deny either that he was a shrewd manager and a hard taskmaster.

The school's first decade, however, has been described as an "uninterrupted chain of internal and external troubles, largely attributable to the selfish and domineering manner of the founder." One of Baker's early physiology professors, Robert McIlvaine, declared the school to have been "conceived in sin and born in iniquity . . ." Its bad press got even worse in 1854 when the college was the scene of one of the most gruesome crimes of the era.

According to newspaper reports, one medical student settled a quarrel with another by delivering an "infernal machine" to his residence. Although the machine was not precisely described, it was of sufficient power to kill the student and his wife and virtually wreck the building.

The thrust of the complaints against the College, however, seems to have been its preoccupation with making money for Baker and its relative neglect of educational standards. Baker himself was seen as a crude professor of surgery lacking in polish and in anything approaching native medical genius. He changed the school's format and requirements whenever it seemed profitable to him, which was often. The school tried a two-term system similar to the one used by James McClintock at the Pennsylvania College of Medicine, which in this case proved disastrous for the students but very lucrative for Baker. His faculty saw him as a man willing to share the glory of the College



*Dr. Alvah H. Baker . . . in his element in Cincinnati.*

(of which there was none), but very proprietary about its considerable profits. According to McIlvaine, the only professors Baker was eventually able to attract were pioneer-day resumé builders, "those who (were) ambitious to learn how to teach in a better school."

Baker wreaked havoc for other Cincinnati medical schools with his competitive instincts. His methods of fee assessment had the ethics of a gasoline price war, and he drove two schools, Miami Medical College and the Medical College of Ohio, into a merger when, for a short time, he eliminated student fees at his school altogether. Baker's harshest critics contend that he made up for this decrease in revenue by awarding thirteen honorary degrees in one year and charging an exorbitant fee to all participants in graduation.

Unfortunately Baker's students were often made to suffer for his unpopular actions. Clinical facilities, for instance, were somewhat limited in Cincinnati, and although Baker was able initially to obtain a hospital for his students' instruction the hospital administration refused to give him a staff appointment there. For a time this was merely a humiliation for the students, but eventually Baker's vanity caused him to sever the clinical connection entirely, to the disadvantage of all.

Even Baker's most vituperative critics would not have called him lazy, however. He began a monthly journal purely in the interests of his school, but with decent management it became a reputable medical publication. He figured prominently in obtaining papers of incorporation for the Ohio State Medical Society, which was not an easy accomplishment amidst the medical politics of the day. He also presided over the Medical Convention of Ohio in 1847.

Alvah H. Baker died in 1865, and one can reasonably conclude that he was little mourned. After his death the



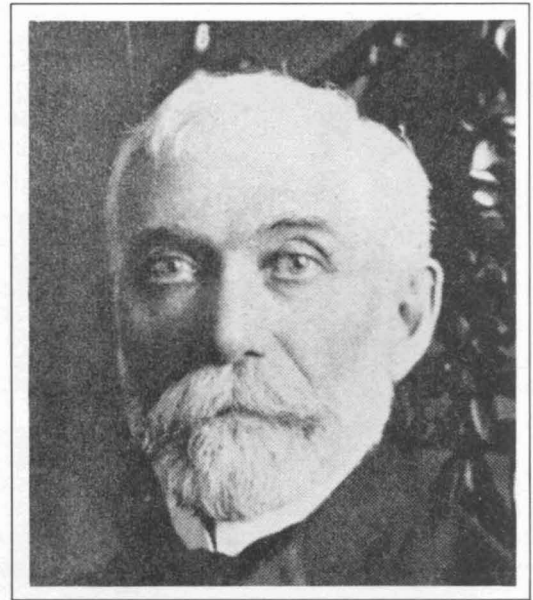


*Dr. Moses L. Knapp . . . the  
"new schools man."*

Cincinnati College of Medicine and Surgery was able to live down its questionable reputation and become at least a creditable school until its dissolution in 1901.

While Chicago and Cincinnati were hardly meccas of sophistication in the nineteenth century, the simple fact that they were established population centers in an essentially frontier area worked greatly to the advantage of their resident medical schools. While opportunities for clinical instruction were not always overwhelming in the cities, the country schools often faced an impossible situation. There were not as many patients available for observation, and it was difficult to obtain cadavers for dissection. The country school faculty often faced greater financial problems than their city counterparts, because there were fewer possibilities for practice. Time-consuming travel forced many professors who lived in the city but taught in a rural area to abandon their city practices. The faculty financial situation hurt the medical schools nearly as much as it did the professors, by precluding a usual source of revenue for the institution.

The school founded by Moses L. Knapp, '1825, changed locations and names several times in part because of these concerns. He and his colleagues obtained an act of incorporation in Madison, Wisconsin as the Madison Medical College in 1848. Knapp had really wanted to establish a school in Illinois but had been unable to procure a



*Dr. Victor F. Coffman . . .  
Nebraska solid citizen.*

charter from the Illinois legislature. Going George McClellan one better, Knapp made clever use of the clause in his Madison charter providing for the establishment of branches. He immediately organized a "branch" of Madison Medical College in Rock Island, Illinois, and no class was ever held in Madison. Knapp became Dean and Professor of Materia Medica and Therapeutics at Rock Island.

As a private student of George McClellan during Jefferson's inception Moses Knapp had had ample opportunity to observe the politics of founding a medical school. He was a member of JMC's first graduating class and submitted the first thesis ever printed by the College on the unlikely topic of the properties of Indian hemp.

After his marriage in 1831, Knapp settled in Illinois and became one of its largest county landowners. The Depression of 1837 destroyed land values and, unable to meet his property tax payments, he moved his wife and five children to Chicago. As previously noted he was a member of the first faculty of Rush Medical College, and became known, in fact, as the "new schools man" when he successively served on the original faculty of two new Iowa schools and of LaPorte Medical College in Indiana. He was always popular as a teacher and noted for his literary ability.

In 1852 Knapp left the school he founded for reasons of health and began a private practice in the warmer climate of Covington, Kentucky. He devoted much of his time to his writing, publishing two volumes of *Knapp's Pathol-*

ogy and many remarkable articles on the importance of fruits, vegetables and milk to the diet and the stress on proper diet as an alternative to bloodletting. After suffering a severe pulmonary hemorrhage in 1860 he left Kentucky for Matamoras, Mexico. The warm climate thoroughly restored his health, and he lived and practiced medicine until his eightieth birthday in 1879.

The Rock Island Medical School underwent many transformations after Knapp's departure. It moved to several different locations in Iowa, always retaining a good reputation. After a merger with Drake University, the school eventually became part of the State University of Iowa School of Medicine in 1913.

It seems remarkable that, regardless of the geography or the personalities involved, at some point all these accounts of medical school foundings begin to sound familiar. The Omaha Medical College, which in 1902 became the medical department of the University of Nebraska, had the same political problems surrounding its establishment and the same difficulty finding adequate clinical facilities that troubled so many other medical schools. It is distinguished perhaps only because its political problems were more difficult to deal with; it took ten full years after the faculty and the Board of Trustees were established for the school actually to begin operation.

From a Jefferson viewpoint the school is also distinguished because two of its founders are JMC alumni. Jacob C. Denise '1855 helped draft the original articles of incorporation for the College in 1869. A specialist in diseases of the ear, nose and throat, Denise was one of Nebraska's outstanding physicians. He was one of the founders of the Nebraska State Medical Society and served as its President in 1889. Denise was also active in service medicine, in the capacities of City Physician for Omaha and County Physician for Douglas County, among others.

Dr. Victor F. Coffman '1866, came to Omaha from a successful career as a military surgeon. (He was named surgeon for his regiment in 1863, three years before his graduation from Jefferson. However, he had previously completed a two-year course of study at Chicago Medical College.) Coffman's career, much like that of Denise, was distinguished by public spirit and service to the community and the profession. He was President of the Nebraska Medical Society and President of the medical school for a time. In the community, he held the position of City Health Commissioner, and he organized the Omaha Pathology and Sanitary Society. Coffman performed the first successful thyroidectomy in the United States.

Coffman and Denise seem to fit exactly the preconception an easterner might have of Nebraska solid citizens in the age of Victoria or perhaps more fittingly Grover

Cleveland. They made legitimate, valuable contributions to medicine and society, and they were honorable, respectable men. They also were not very exciting. They did not fight duels, they did not drive their competitors out of business and they did not win libel suits. An honest assessment cannot ignore their lack of magnetism.

If it seems inevitable to our preconceptions that Victorian midwesterners should be the despair of historical gossips, it seems equally inevitable that Californians should be their delight. Levi Cooper Lane '1851 is no disappointment. The founder of Cooper Medical College, which later became the medical school of Stanford University, Lane was dynamic, controversial, problematic and eccentric.

Lane's first teaching appointment was at his uncle Samuel Cooper's San Francisco medical school. After Cooper's death in 1862 the school languished, and its professors, including Lane, joined the faculty of the newly established Toland Medical School. He became dissatisfied with the usual faculty dissensions and moved on to become affiliated with the medical faculty at the University of the Pacific. In 1882 Lane singlehandedly dissociated the medical school from the University by building new and superior quarters for the school, at his own expense, which he renamed Cooper Medical College in honor of his Uncle Samuel. The rest of the school's faculty was astounded, property-owners in the neighborhood and members of the medical establishment were outraged, but Lane got his way.

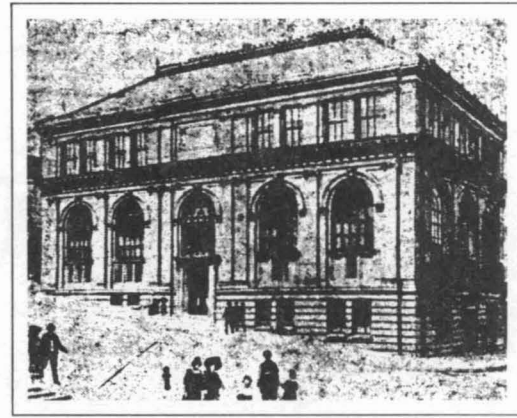
Lane's getting his way, in fact, became something of a pattern in San Francisco medical politics. After convincing his faculty to work without salary or financial dividends,\* he developed the highly controversial Lane Medical Lectures, which were opposed by practically the entire medical profession. This ongoing series of lectures was designed for the lay public to establish an informed clientele and to relieve medicine of the charge of exclusivity. At that time most physicians preferred to keep medicine a mystery to its consumers and charged Lane with using the lectures to advertise his services. Like everything Lane did, the lectures did bear his personal stamp. Although they usually featured medical topics, they were sometimes a forum for Lane's own strongly held opinions; some of the titles, for instance, were "Cremation and the Cult of the Dead," "Coffee" and "The Horse: Man's Most Helpful Animal."

As a medical practitioner Lane was equally disruptive and idiosyncratic. It is said that he never grasped the technique of antiseptic surgery. He tried Lister's carbolic acid spray machine and was so disgusted with the method that he threw the machine out of the operating room window. Preferring to follow his own theories of antisepsis he instead

*\*When laboratory courses were developed, professors were allowed to charge fees.*



*Dr. Levi Cooper Lane . . . dynamic,  
controversial, problematic and eccentric.*



*Levi Cooper Lane Library of  
Medicine and Surgery . . . finest  
west of Chicago.*

had a barrel of bichloride of mercury incorporated into the plaster on the operating room walls. Lane somewhat mysteriously tended to classify surgeons as good or bad according to their method for treating fractured elbows. His standards for assigning fees were equally irregular and often whimsical: he frequently gave free care to old soldiers and other selected poor people, but once charged an acknowledged beggar \$30 for a \$5 operation because he abhorred the thought of an able-bodied man taking charity.

He defied the medical profession as a whole during an outbreak of plague in San Francisco's Chinatown. For unrecorded reasons Lane signed a statement at the Governor's behest, averring that Chinatown was plague free. Although business and tourist interests were overjoyed by the statement, the medical community, which felt the statement to be an unconscionable deception, was outraged.

There were times, however, when his loyalty to the establishment was strangely excessive. Regardless of the circumstances, for example, he unfailingly sided with the doctor in a malpractice suit, refusing to testify for a patient even when he knew improper treatment had been prescribed.

A very literate man, Lane was anxious to retain the values of his classical education. His writings were always elegant and replete with references to world literature, and he often recited Shakespeare during surgery. It was Lane's habit to use the six or seven hours in the middle of the night for study, although this practice showed little concern for his own health. Six nights a week he read medicine and the seventh he saved for literature; once a year he re-read Hippocrates in Greek. It is said that when Lane took his medical exams for commission in the Navy he needed only one half hour to write the exam that ranked number one among all examinees; Lane spent the remainder of the

examination period translating his answers into Latin.

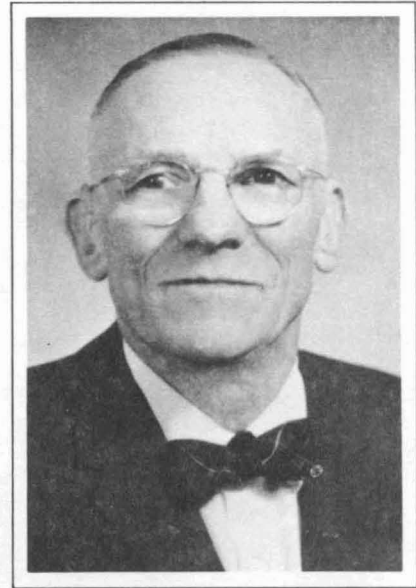
Lane's reverence of his late Uncle Samuel bordered on the macabre. He kept Cooper's heart and brain in alcohol, displayed on a pedestal he had bought with the whole of his mother's meager estate.

Throughout his life Lane contributed over \$250,000 of earned income to Cooper Medical College alone. The public which had found Lane abrasive in life, turned rather sentimental about him following his death in 1902. After he had donated the money to build a fully-equipped hospital and his estate had funded a fine medical library for San Francisco, his eccentricities seemed somehow easier to bear. And despite his unpredictable behavior the medical profession honored Lane many times, with the Presidency of the State Medical Society, Fellowship in the Royal College of Surgery and many other distinctions.

Two of Jefferson's alumni founders were not involved with nineteenth century American medical education. The school Walter Bayne Geike '1852 founded, for example, was in Canada, and David Metheny '1923 established his school in the twentieth century. Although the situations they faced were in many ways different from those with which preceding alumni dealt, some factors seem to be constant.

Geike began his career as Professor of Materia Medica at Victoria University, where he subsequently held the chairs of Anatomy, Surgery and Midwifery. He obtained the charter for the new Trinity school in 1877, and served as its Dean from 1878 until 1903. Geike was noted for his devotion to medicine, concentrating particularly on its humanitarian aspects in his teaching.





*Dr. David Metheny  
... ability and character,  
but no congratulations.*

Like so many of its contemporaries, as the Trinity School grew it considered merger with other institutions. Merger is rarely an uncontroversial issue. The amalgamation of Cooper Medical College and Stanford University, for example, seems to us today a very prestigious, advantageous move. At the time, however, the merger was bitterly contested, and was probably only accomplished as smoothly as it was because Levi Lane had been very painstaking in establishing its basis.

Geike, however, opposed the proposed merger of Trinity with the University of Toronto. When it was approved despite his opposition, Geike felt it to be a very personal blow. Because he was against the proposition in principle, and because he was hurt by the lack of weight granted his opinion, Geike resigned from the Trinity faculty and indeed from medical education entirely. He died shortly thereafter.

The problem of merger or separation didn't arise for David Metheny, who was instrumental in establishing the University of Washington Medical School in 1945. Metheny was Chairman of the committee set up by the Washington State Medical Society to investigate the possibility of a state medical school and later to implement its recommendations. The committee faced every bit as much political opposition as many of the earlier school founders did, but the era and circumstance dictated a whole new set of opponents.

Washington State had earlier been the scene of several abortive attempts to start a medical school. Some were foiled by dissension within the medical profession, and one early established faculty was unable to achieve school status

because there were no interested students. When the State Medical Society was able to agree in the 1940s that a school was now desirable, that was in itself a break with the past. Opposition to a new medical school for once had to come initially from outside the medical profession.

Once the committee agreed on a plan for establishing the new school, interests affected by it began to voice that opposition. Rather than form a separate medical college, Metheny's committee agreed that the school should come into being as a part of the University of Washington. The University, however, was less than overwhelmed by the prospect of having a medical school to support. According to Dr. Metheny, the University's President "seemed to doubt our authority and even our integrity," and the committee was initially put off by the hostile attitude of the University administration and its senior professors.

The next obstacle was political. Washington's Governor Langlie felt that his constituents were unlikely to jump at the chance to help finance the venture with their taxes, and he was running for election that year.\* Lacking gubernatorial support, the committee then went to the State Senate floor leader, who was a Democrat. It was initially agreed that the enabling legislation for the school should be bipartisan in sponsorship, and the Democratic floor leader offered to help rewrite the bill the doctors had had prepared in order to facilitate its early passage. One of the committee members, unknown to Chairman Metheny, decided that since most of the physicians were Republicans it would be more fitting for the Republican legislators to get full credit for the bill. Independently he contacted Republican legislator Wahl who agreed to sponsor the enabling bill himself. The Democratic floor leader was informed that

\*He lost.



"he was out," and for four days, until the general election, planning went ahead smoothly. When the election results were tallied, however, Republican Wahl failed to win reelection; a shamefaced medical committee gave Metheny executive powers and the embarrassing job of recontacting the Democratic floor leader, who had survived at the polls. Fortunately he remained gracious and cooperative and immediately reassumed his responsibility for the bill.

Dr. Metheny was the first to admit that he and his committee knew little more about starting a medical school than they did about politics. He had spent his life in the study and practice of surgery, beginning with a Fellowship at the Mayo Clinic and continuing as a practitioner, a Fellow of the American College of Surgeons and the Chief of the Surgical Service at King County Hospital. If you are not George McClellan you are not likely to establish more than one medical school in a lifetime, so firsthand experience is hardly a reasonable criterion for choosing a founder. The State Medical Society selected Dr. Metheny to head the founding committee because he was a man of demonstrated ability and character. He was honored many times by his profession: as President of the Puget Sound Surgical Society, President of the King County Medical Society, President of the Washington chapter of the American College of Surgeons, among other distinctions.

And despite the inexperience of its founders, the medical school, which is a fine, successful one today, did get underway in the late 1940s. Although it was more purposefully planned than many of its predecessors it too experienced troubled early years, exchanging political opposition for problems with local physicians who felt their practices were being hurt in any number of ways by the new school. There were bitter dissensions and controversies in the Seattle medical community, and the only reward Metheny received, albeit a significant one, was a personal satisfaction in his contribution. Far from basking in glory and congratulations, a more typical response to Metheny was that of one charming friend:

"All of the men who were against the school were friends of mine and still are," Metheny noted several years before his death in 1972. "One of them, a surgeon, came up to me on the street. 'Dave,' he said, 'You owe the Medical Society a public apology.' 'Why?' I asked. 'For starting a medical school,' he replied."

The ultimate verdict on the Jefferson alumni founders is hopefully kinder. Their names today are hardly household words; sometimes they are unknown even at their own colleges. But we have all recently been reminded that notoriety is not a reliable indicator of a person's contribution; and few would deny that these men, facing obstacles and regardless of their individual motivations, did make real contributions.

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# SAMUEL DAVID GROSS

*This remembrance of Gross was delivered at  
Jefferson's 1910 Commencement when the  
first Samuel D. Gross Professor of Surgery  
was named.*

BY W. W. KEEN, M.D.

It is eminently fitting that an Institution should commemorate the Life and Services of its great men and especially its great teachers. In 1925, only fifteen years hence, the Jefferson Medical College will celebrate the completion of the first century of its existence and it will then recall all its splendid galaxy of teachers from George McClellan, Daniel Drake, and Nathan R. Smith to Dunglison, Mitchell, Pancoast, the Grosses, Meigs, DaCosta, and others scarcely less distinguished. To-day I can only speak of one—but he a Prince of our Profession—Samuel David Gross.

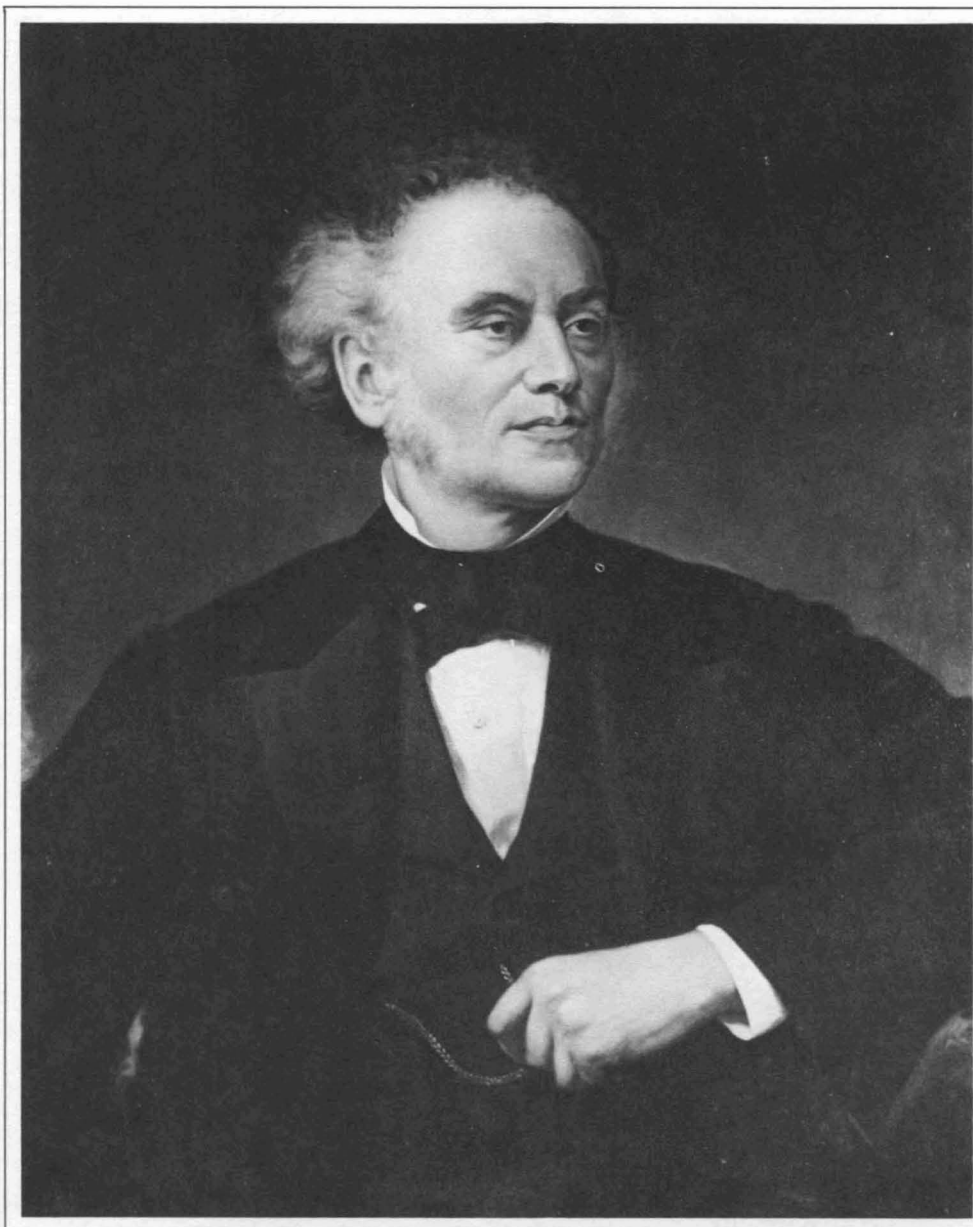
The elder Gross was born in 1805 and died at the age of seventy-nine in 1884—twenty-six years ago, before most of you who to-day have won your doctorate were born. With the lapse of time and the passing away of those who knew him personally you younger men can hardly be expected to realize what a great man he was—what an asset his name and fame were and ought still to be to the Jefferson Medical College. I, therefore, beg leave to sketch briefly his life and labors and to draw some lessons therefrom for your guidance and inspiration.

This pleasant duty is made doubly welcome to-day because we inaugurate the “Samuel David Gross Chair of Surgery”—the first endowed chair in the Jefferson Medical College, but other similar endowments I hope will quickly follow lest the Gross chair should feel conspicuously lonely.

I do not believe any children have ever been more steadfastly loyal to their father and more jealous of his fame than the children of Professor Gross. To-day, after many other proofs of their loving remembrance, as a further evidence of filial affection, his daughter, Mrs. Maria Gross Horwitz, by a munificent endowment forever links his name with the Institution he loved so well and to which he added such lustre.

To-day I have the pleasure and the honor of presenting to you as the unanimous choice of the Trustees the first “Samuel David Gross Professor of Surgery”—one taught by Gross himself, first my assistant, later my colleague in the Faculty, and always my friend—Professor J. Chalmers DaCosta.

Professor Gross' early education was rather meager, but note its final fullness. Born near Easton, Pennsylvania, his childhood's language was the patois called “Pennsylvania Dutch.” Pure German he only acquired by diligent study. Even at fifteen his knowledge of English was very imperfect. This, too, he mastered and spoke it with ease and fluency, and wrote it lucidly and correctly. At seventeen, he began the study of medicine in a country doctor's office, but soon found that his intellectual tools were inadequate, since he knew little Latin and no Greek. Did this boy of seventeen recoil from the difficult task of learning two new dead languages? Not he! He was made of



*Samuel D. Gross, by T. Dimino, 1909.  
The portrait was donated to the  
College of Physicians of Philadelphia by  
Gross' children, Maria Gross Horwitz  
and Albert Haller Gross.*

sterner stuff. "This," he declares, "was the turning point in my life. . . . I had made a great discovery—a knowledge of my ignorance and with it came a solemn determination to remedy it." He abandoned the study of medicine for the time and set himself diligently at work on his preliminary education. The boy who at fourteen could renounce cards because they were becoming his master, three years later wrestled successfully with Latin and then making this victory subserve another and greater one, he attacked Greek. This he studied with a Dictionary and a Grammar both written in Latin. To these five languages he soon added both French and Italian.

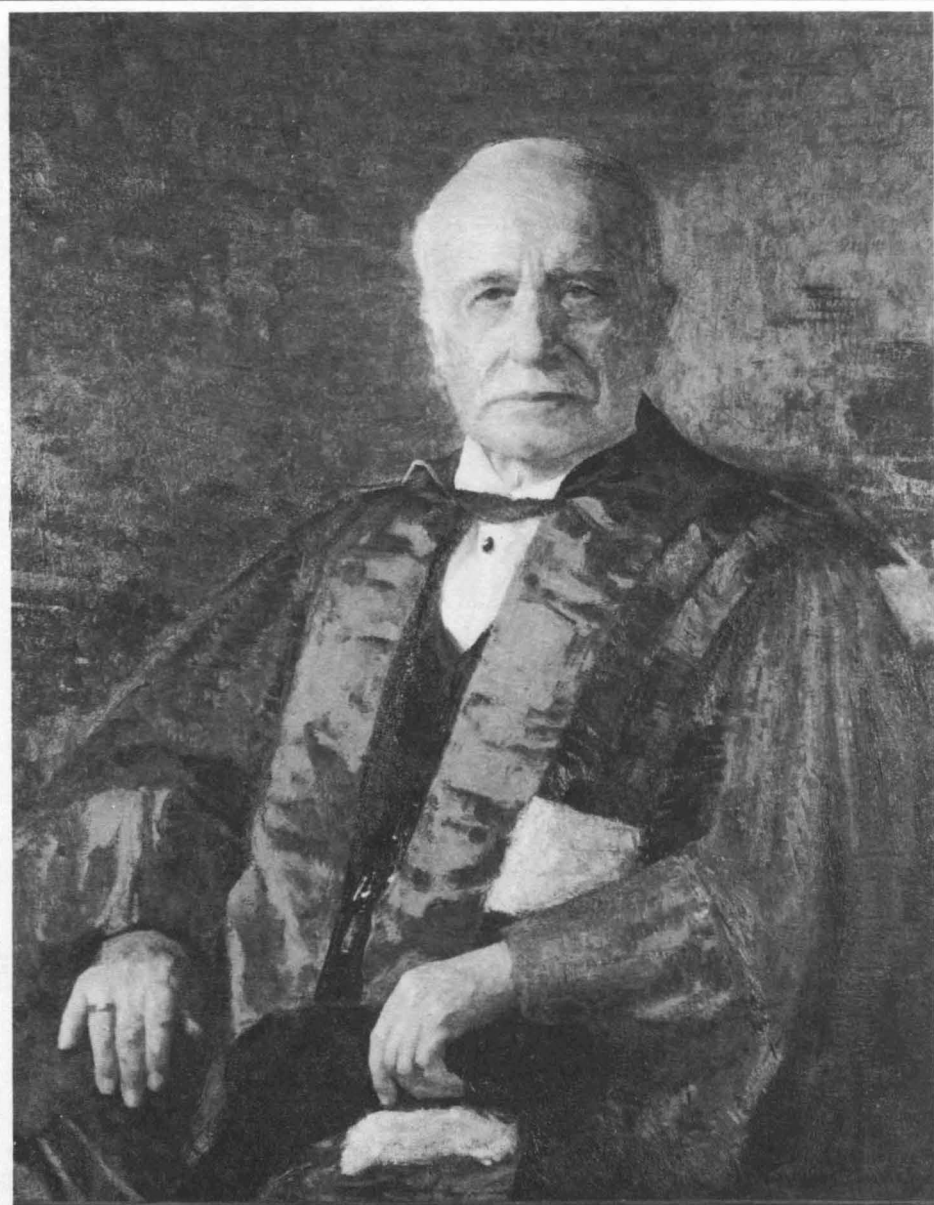
Young men, how many languages do you now know, and how many more are you determined to know? You may omit Pennsylvania Dutch and even Italian, but the

other five you *must* know if you are to take rank in the forefront among the scholars of our Profession.

At nineteen he recommenced his medical course and graduated in 1828 at the age of twenty-three. What did he do when he was a full fledged Doctor? At Easton, where he soon settled, he built a dissecting room in the rear of his garden, drove to Philadelphia and brought back with him as a quiet but uncanny fellow-passenger—literally a "dead head"—a cadaver and spent hours daily in its dissection. He also began writing a book on Descriptive Anatomy. Nor was this all. Within two years after graduating, he translated and published four French and German books, an Anatomy, Medicine, Obstetrics, and Surgery, and published a work of his own on the Bones and Joints.



*William Williams Keen,  
by Robert Vonnoh, in the  
gown of the University of  
St. Andrew's in Scotland. The  
portrait was presented to the  
College of Physicians of  
Philadelphia by Keen's  
daughter in 1925.*



Very probably after you have framed your diploma you will scarcely have more early patients than he, but I am sure you cannot have more industry and determination, nor a larger crop from such good seed. Nor was he provided with means sufficient to do all this work as recreation. He and the splendid woman who stood nobly at his side during his early struggles and shared graciously in his later triumphs, were rash enough to be married soon after his graduation. Well may he say then that his stimulus to work was "My ambition and my poverty."

While at Easton in 1832 the call of duty to risk his own life for the sake of humanity came to him and he showed again the heroic stuff that he was made of. In 1832, that most dread of all scourges, Asiatic cholera, for the first time broke out all over this country with the

greatest virulence. Easton was only eighty miles from New York, and the citizens, in terror lest the dread disease would reach their own town, appointed the young, intrepid surgeon to visit New York and learn what he could do for their benefit. When others were fleeing in frightened thousands from the pestilence, Gross bravely went directly into the midst of it, reaching New York when the epidemic was at its very height. In that then small and half-depopulated town three hundred eighty-five persons died on the very day of his arrival—and he stayed there a week in a hot July, visiting only its hospitals and its charnel-houses. What call you that but the highest type of bravery—a bravery which Norfolk and Mobile and Memphis and New Orleans have since seen repeated by scores of courageous physicians ready to sacrifice their lives for their

fellowmen with no blare of trumpets, nor roar of cannon, no cheer of troops, no plaudits of the press! No battlefield ever saw greater heroes; no country braver men.

In 1833, five years after graduating, he went to Cincinnati as Demonstrator of Anatomy for two years and as Professor of Pathological Anatomy for the following five years. Cincinnati at that time was a small town almost on the frontier of civilization containing less than 30,000 inhabitants. Yet this young man of thirty, whose opportunities for post-mortems must have been few, resolutely set himself to work and in 1839 published the very first work on pathological anatomy in the English language. Contrast his opportunities with those of Rokitsansky of Vienna, whose book published five years later (1844) was based upon the data from more than 30,000 post-mortems! No wonder that in 1869 at a dinner tendered to the then distinguished Professor Gross at which were present von Langenbeck, von Graefe, Donders, Gurlt, and others, Virchow, the Prince of Pathologists, should hold up this very book and in an eloquent speech should compliment their guest upon such a notable achievement. The book soon brought him fame and practice. Its second edition made him a member of the Imperial Royal Pathological Society of Vienna.

Excepting one year in New York as the successor of the famous Valentine Mott, Dr. Gross was Professor of Surgery in the University of Louisville from 1840 to 1865. These sixteen years gave him the surgical sceptre of the Mississippi Valley. But to justify this primacy he published still other works, the result of unremitting labor. In 1843 appeared his book on *Wounds of the Intestines*; in 1851 that on the *Urinary Organs*, and in 1864 that on *Foreign Bodies in the Air Passages*, also a pioneer and most valuable work justly lauded by Sir Morell Mackenzie, the eminent English laryngologist.

Meanwhile he had been invited not only to New York, but to New Orleans, to the University of Virginia, and to the University of Pennsylvania, but excepting the year in New York, he refused them all until the one call to his own beloved Alma Mater—the Jefferson—as successor to McClellan and Mütter, and colleague of Pancoast, Dunglison, and J. K. Mitchell.

In 1856 he entered upon his labors as Professor of Surgery in the Jefferson Medical College, a post he not only held but made still more famous, and which he only relinquished in 1882, after twenty-six years of splendid service in Jefferson and forty-nine years of continuous teaching.

But though he had thus reached the summit of his ambition, success, instead of singing a lullaby for honored rest and sleep, uttered a clarion call to further and more fruitful labors.

In 1859—fortunately for me the year before I began

my medical studies—his great *System of Surgery* in two large volumes was published. It passed through six editions, the last in 1882, only seventeen months before his death. This last edition was noteworthy in that at seventy-seven years of age his open mind reversed the ideas of half a century and he frankly accepted the doctrines of antisepsis, even then still struggling for recognition. More men have learned their surgery from its pages than from any other text-book in our language. It was translated into several European languages and spread his fame and that of the Jefferson all over the world.

Let me here anticipate a little and call your attention to two almost unknown incidents in his career. The first was pointed out by Mr. Patterson DuBois at the meeting of the American Philosophical Society barely six weeks ago. With the great Japanese Embassy of 1860, the first Occidental Embassy sent out by Japan, there were two physicians, Measaki and Moryama. These two with the Governor and the interpreter saw a private operation for lithotomy by Professor Gross. Morton himself gave the ether. "This was a revelation to the Orientals. They smelt and poured the ether on their hands astonished by the coldness from its evaporation. After the operation they carefully examined the instruments and showed so much interest in the whole subject that they were invited to attend the Jefferson Medical College clinic. Forty-six years later (February, 1906), in an address delivered before the students of the Jefferson Medical College by Baron Takaki, Surgeon-General of the Japanese Navy, he said 'Japanese surgery is founded on the teachings of Dr. Samuel D. Gross, for so many years surgeon to the splendid Medical College in which we are gathered. Dr. Gross' *System of Surgery*, translated into German, was taken up by my countrymen and re-translated into Japanese, and upon that has been built up Japanese surgery as practiced to-day.' " (Dubois.)

The second is, I think, still less well known. It is recorded by the great Viennese surgeon, Billroth, in the preface to his *Chirurgische Klinik*, published in Berlin in 1879 as follows:

It was at the beginning of my teaching in Vienna.

I was giving a course of public lectures on tumors and devoted an hour to the lymphomata, alluding to our ignorance of the etiology of these new growths and our therapeutical helplessness in respect to this, alas, so frequent disease. In the crowded amphitheater during the lecture I had already observed on one of the upper benches an old gentleman whose fine head and distinguished figure had attracted my attention. Our eyes constantly exchanged sympathetic glances. At the conclusion of the lecture, as I was collecting my drawings, this gentleman came to me and stretching out his hand said to me with a slight English accent, 'I am delighted to have heard your lecture.

You have spoken the truth to your pupils—a thing one does not always hear.’ This message gratified me all the more when the gentleman gave me his name, Professor Samuel D. Gross of Philadelphia, the most distinguished surgeon of the United States, known also as one of the noblest characters of his country. Among the testimonies to my scientific and humanitarian efforts this message always will remain as a most valued commendation and one that I can never forget.

When the Civil War broke out he wrote an admirable *Manual of Military Surgery* in nine days. In five more it was on sale, was soon republished in Richmond and largely guided the practice of the surgeons of both armies. Later it too was translated into Japanese. Toward the end of his life he also wrote a full Autobiography.

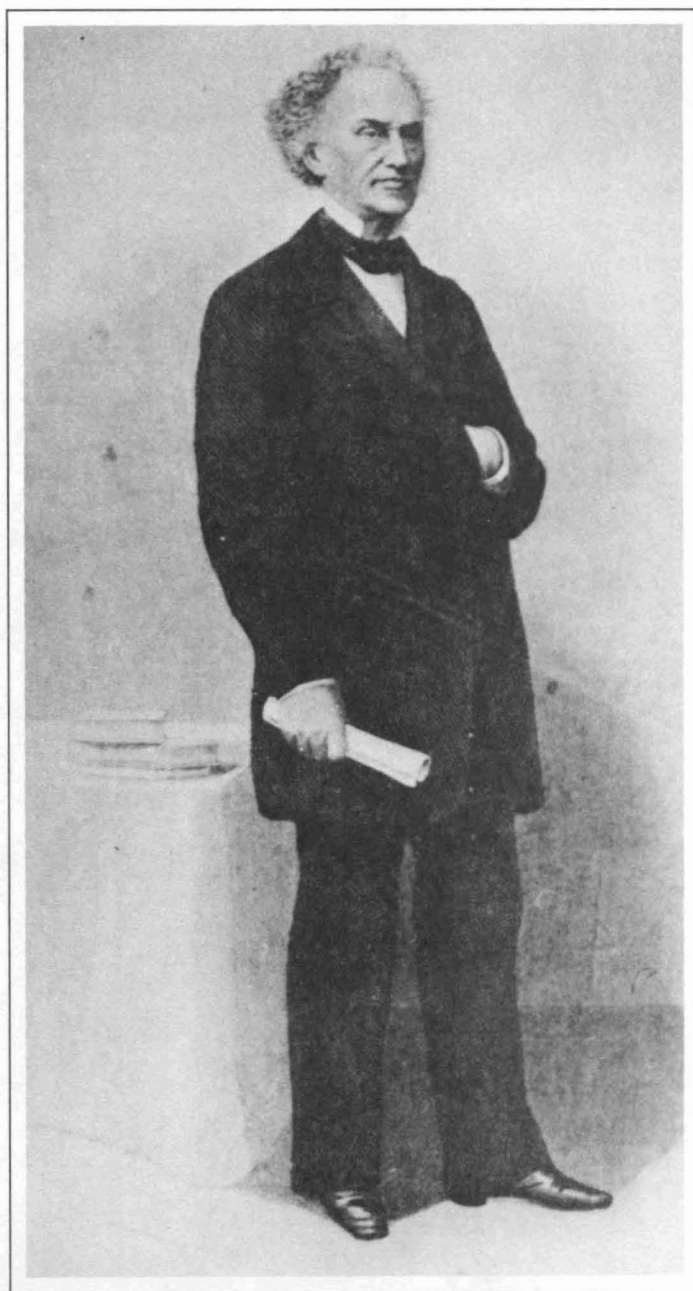
Besides all these nine formal and extensive publications, he wrote numerous monographs, many of them of considerable length, and was Editor of several medical journals and books. He founded three societies—the Philadelphia Pathological Society, the Philadelphia Academy of Surgery, and the American Surgical Association, and took an active part in the American Medical Association and other medical societies.

When he entered upon his duties at the Jefferson he uttered these solemn words, “whatever of life and of health and of strength remain to me I hereby, in the presence of Almighty God and of this assemblage, dedicate to the cause of my Alma Mater, to the interest of medical science, and to the good of my fellow-creatures.” Was ever a pledge more conscientiously, more successfully, more devotedly fulfilled! In all your years of future service, gentlemen, may you also thus dedicate *your* lives to your Alma Mater, to your profession and to humanity.

Such untiring, I may even say Herculean labors as writer, teacher, and surgeon made him known all over the world and brought him many well deserved honors. He was a member of a score of American medical and scientific societies, and honorary member of nearly a dozen similar European societies, besides the unique honor of receiving their highest degrees from Oxford, Cambridge, and Edinburgh. It is touching to remember that this last and the Doctorate of Laws of the University of Pennsylvania were received while he was on his deathbed, and that the last two papers from his busy pen were read, one before the American Surgical Association on April 30, 1884, only six days before his death, and the other before the American Medical Association on May 6th, two days after his death.

His remains, I am glad to add, were cremated.

But the death of even the greatest men cannot be allowed to halt the world’s progress. In the twenty-six years since he passed away, this progress has been enormous.

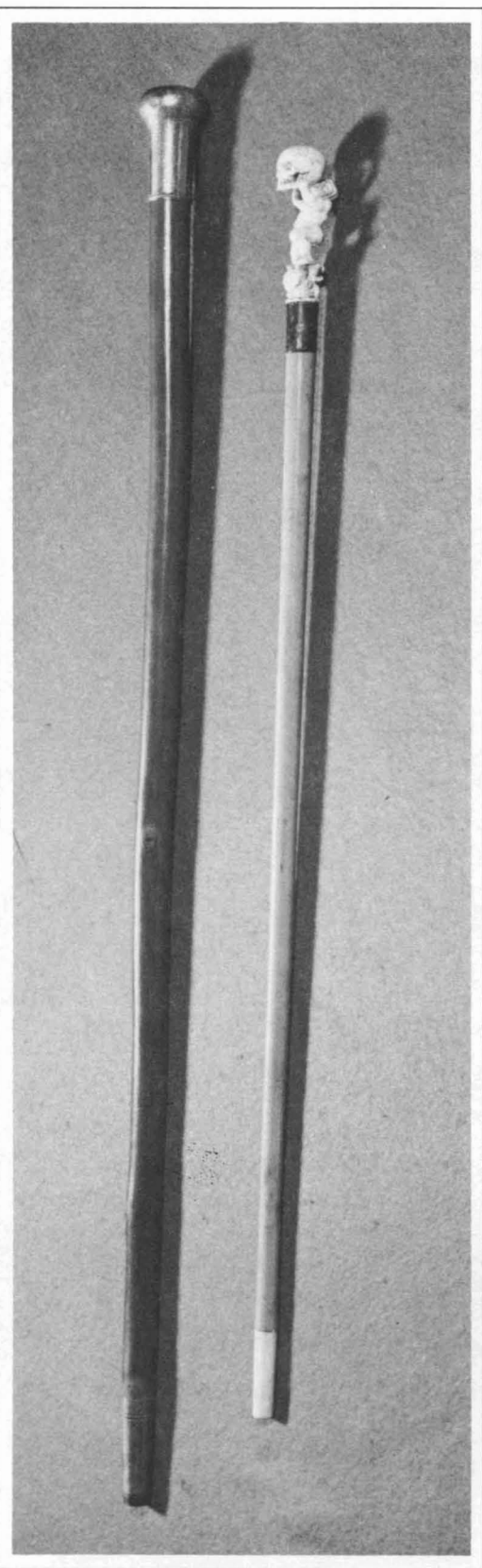


*Engraving of Samuel D. Gross by John Serz.*

Imagine, if you please, that he should reappear to us in the flesh, his tall courtly form impressive in appearance, his handsome face aglow with interest, his alert mind expectant and receptive, gazing upon our splendid new buildings, college, laboratory, and hospital, he would think “surely I have gone astray. This cannot be my own dearly beloved Jefferson. But I will enter and see.”

How he would then glory in all the evidence of growth and progress; the practical personal teaching of each individual student in Ward Class, Out-Patient Department, and Laboratory; the four years’ course of study extended even to a voluntary and before long a required





Canes once owned by Samuel D. Gross (left) and W. W. Keen (right) in the Mütter Museum at the College of Physicians. Keen's cane has an ivory knob of a gnome carrying a skull; it was carved in Switzerland in the early nineteenth century.

fifth year; the clinical and especially the original researches within those walls! With what deep interest he would view Coplin's epidiascope, read DaCosta's book on the blood, and examine the Sphygmomanometer. How he would gloat over Coplin's *Pathology*, another DaCosta's *Modern Surgery*, and the many text-books of his distinguished pupils and others of the more than six score busy teachers of the Jefferson. But how puzzled he would be to hear of opsonins and agglutinins, of amboceptors and haptophors, of antibodies and anaphylaxis, words of whose very meaning he would not have even the faintest idea.

How often I have heard him say to the orderly "Hugh get me a tumbler of laudable pus for my lecture to-morrow morning," for in the sixties and early seventies in the little hospital of only fifteen beds, pus was always "on tap." But now he would wander through the wards in a vain search for his old friend "laudable pus."

And the Surgical Clinic! At first when he saw their audacity, I fear he would think that DaCosta and Gibbon had gone stark mad; but when he would see also their success he would fervently thank God that such extraordinary power and blessed mastery over disease and accident had been achieved by his successors.

But are there no lessons from this noble life for my fellow-citizens of Philadelphia as well as for you my young friends? Yea, verily.

In the twenty-six years since his death, every department of medicine has developed amazingly and the promise is that in the next twenty-six years discoveries of wider and farther reaching importance will follow. I do not hesitate to predict that within that period the cause and it may even be the cure of cancer—without operation, thank God—will be discovered, possibly by one of you young gentlemen; the serum treatment of many diseases, or it may well be a treatment better than that by serums will enable us to cure where now we are almost helpless; little children instead of suffering from measles, scarlet fever, whooping cough and other, as we grimly name them "*usual diseases of childhood*," will revel in the "*usual health of childhood*."

But for these achievements we need men who will devote their lives to research, and money to pay these men living salaries. Fellow-citizens, we will furnish you these devoted men. Will you furnish us the money?

For many years Philadelphia has been the acknowledged centre of the medical world in the United States. But our supremacy is threatened on every side. On the North, Chicago has raised millions for her medical schools. On the East, Harvard has recently received five millions for a new medical school, and five more for a hospital, while in New York, Columbia, Cornell and Bellevue follow hard in the wake of Harvard. On the South, Johns Hopkins has received other millions and Tulane in New Orleans a million. On the West, in St. Louis, the ink is hardly

dry on the papers making gifts to Washington University of five millions more for its medical department alone.

Who will give five millions to Jefferson?

What, you ask, do we want them for? For more and larger buildings, for new departments, for laboratories, for a well-equipped maternity department, for larger children's wards, for research students, for living salaries to men who will devote their lives to the solution of the many as yet unsolved problems of disease, for other endowed chairs which will make the institution independent of its income from students and, therefore, free to exact the highest requirements demanded by the age we live in.

Unless the citizens of Philadelphia know and realize what other medical centres are doing and give millions instead of thousands, our medical schools will languish and fall behind other and better endowed schools. But I do not believe that our wealthy men—more in number and of greater wealth surely than those of St. Louis—will allow this threatened evil to come to pass. They will rally around our great schools and make them of far greater importance and capable of far richer service to humanity than even in the days of Samuel David Gross.

Finally, may I state a few facts to show that the Jefferson is worthy of such a large endowment?

The Jefferson Hospital ministered to the needs of over 5,000 patients in its wards last year, to 615 patients every day in the Out-Patient clinics and to one accident case every hour in the entire year.

It has sent its graduates all over this country and all over the world to help the sick and maimed.

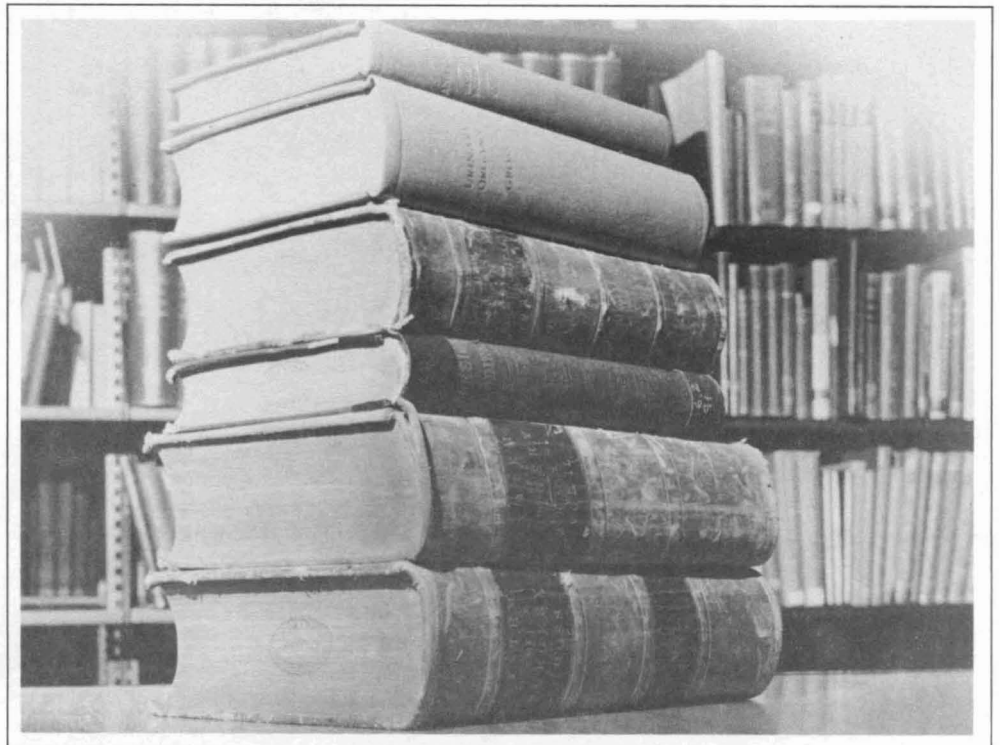
It has educated its graduates up to the very highest standard. No one incident shows this better than the recent Civil Service examination for Internes at the Philadelphia General Hospital, when ninety candidates were examined. The Jefferson men passed more splendidly than those not only of any other medical school in this city, but better than the graduates of any medical school at any previous time.

Of the first nineteen men who were successful, every one was a Jefferson man, except two, the fourth and the thirteenth. The general average of the Jefferson men was nearly three per cent higher than the average of the graduates of any other Philadelphia medical school, and the percentage of failures was less than those in any other medical school.

As to hospitals in this city other than the Philadelphia General Hospital, in nine the first place was taken by a Jefferson man; in seven the second place was also taken by Jefferson men; and in five hospitals, every position as resident was captured by a Jefferson man. Besides this, in hospitals outside of Philadelphia, forty-three appointments were won by Jefferson men. Such a showing reflects the greatest credit on you gentlemen of the Board of Trustees, upon you gentlemen of the Faculty, and all the other instructors and quiz masters, and especially upon the present graduating class.

This record is simply unexampled. I feel proud of you young men of the class of 1910. As is appropriate for Jefferson men and for this occasion, you have won laurels, not by the dozen, but by the Gross.

Some of the works of Samuel D. Gross: an 1828 *Anatomy* translation from the French; *Urinary Organs*, 1851; *Pathological Anatomy*, 1839; *Foreign Bodies in the Air Passages*, 1864; and the two-volume *System of Surgery*, 1859.



JANUARY, 1825

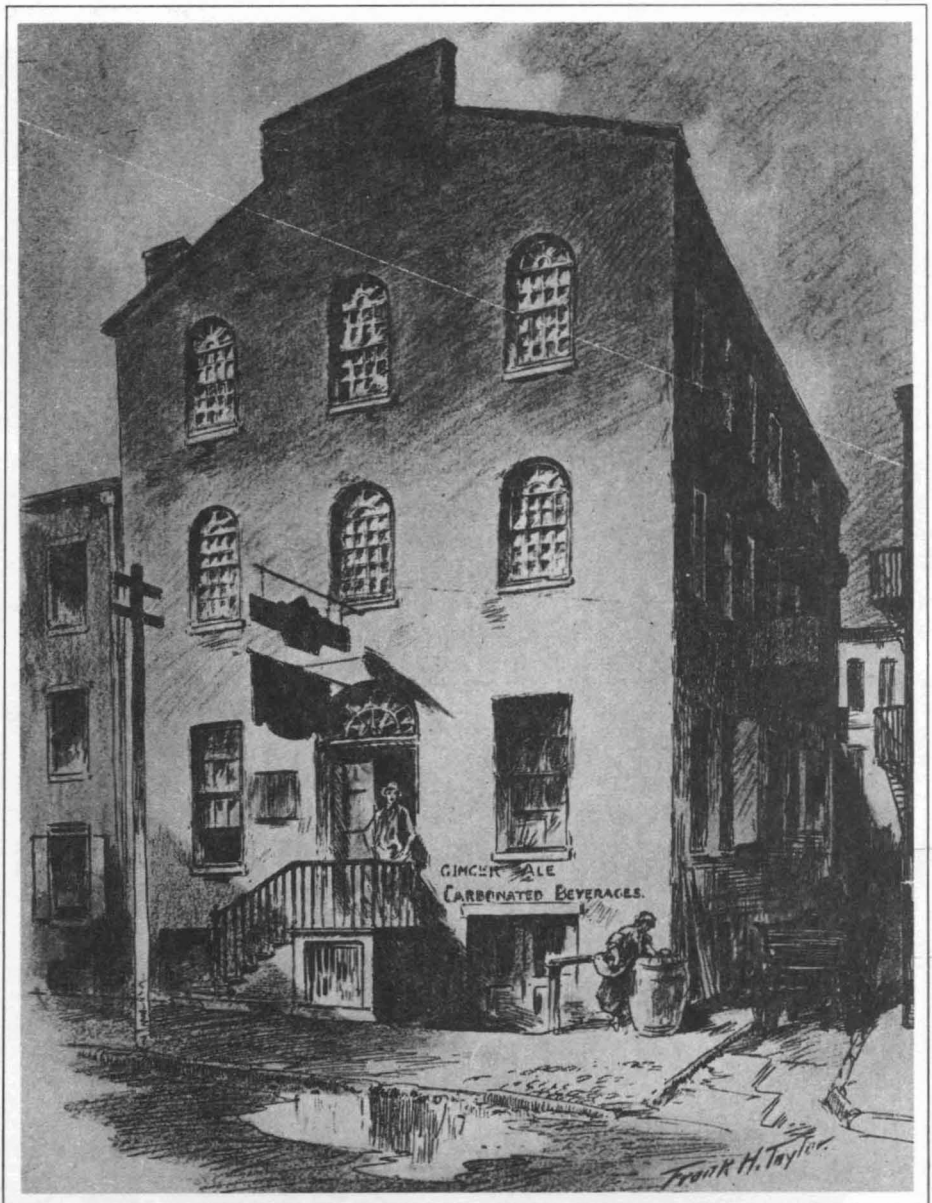
## *Tivoli Theatre*

Although the thespian legacy of Philadelphia's Old Tivoli Theatre is not voluminously recorded, the theatre does have two major claims to fame: the first public performance of the classic "Home, Sweet Home" was held on its stage; and on January 1, 1825 the newly established Jefferson Medical College leased the theatre building as its first home.

Old Tivoli was located on Prune Street at what is now the five hundred block of Locust Street. It faced the Walnut Street prison and was flanked on the east by the Free Quaker Cemetery and on the west by Washington Square, then known as Potter's Field.

A faculty committee entered into the legal negotiations for the building, which was eventually leased because none of the professors could afford the purchase price. It rented for \$550 annually, and each faculty member was assessed for repairs and alterations.

Although the theatre provided considerably better facilities than George McClellan's office, where JMC classes had been held before Tivoli, within two years Jefferson's growth forced the college to abandon the building for larger quarters at Tenth and Sansom Streets.



JANUARY, 1967

## *The College of Allied Health Sciences*

The College of Allied Health Sciences was established in January, 1967 to provide undergraduate education for students of the medically related health professions and occupations. Training of professional nurses and technical personnel had been part of the Jefferson tradition for many decades. These training programs

arose in response to the physician's requirement for patient-side assistance and have evolved from courses provided to trainees who rendered service within departments of the Hospital.

As Thomas Jefferson University has grown, it has drawn its strength from the high level of scientific achieve-

ment, from the academic excellence, and from the proud heritage of clinical competence inherent in Jefferson Medical College. Since its founding, Jefferson has been distinguished as an academic medical center where men of science have advanced the care of patients. The welfare of patients and the scholarly growth of students con-



tinues to be the central focus of the new undergraduate college of the University today. Fully utilizing the basic science departments, the laboratories and clinical learning experiences already available on the Jefferson campus, the faculty has been able to develop curricula leading to the certificate, associate degree, and baccalaureate degree levels in the nursing and allied health disciplines.

The programs are approved by the Council on Medical Education of the American Medical Association, the National League for Nursing and the respective professional organizations representing the disciplines. Graduates are eligible to take the qualifying examinations of the state and national licensing or registry bodies and to be members of the professional organizations. Thomas Jefferson University is recognized as a Candidate for Accreditation by the Middle States Association of Colleges and Secondary Schools.

Starting with the 1968-69 academic year, the College of Allied Health Sciences offered part-time basic col-

lege-level courses as an opportunity for students in the School of Nursing and students in other allied health programs to begin or continue working toward an associate or baccalaureate degree. At present these General Studies Program courses include subject offerings in the Arts and Humanities, Social Sciences, and Natural Sciences, and successful completion of required course work leads to conferral of the Associate of Arts or Associate of Science degree.

Six professional Baccalaureate degree programs are to be instituted at the third college year by the late 1970s. Medical technology was begun in September, 1970, and Baccalaureate degree nursing started in September, 1972 at the third year college level.

Other professional level programs soon to be developed include course work in physician assisting, physical therapy, occupational therapy and medical record science. Additional programs are planned and will be specified as analysis of future needs of health care delivery systems indicate a

requirement for new categories of health care personnel.

The College of Allied Health Sciences has matured rapidly. Students are currently enrolled in the areas of nursing, medical technology and radiologic technology. Total enrollment for the academic year 1972-73, including all years in all component programs of the College, numbered four hundred fifty-four students in full-time programs and two hundred seventy-eight students in part-time studies. This marks an increase of seventy-five students over the prior year enrollment. In the three nursing programs, at the practical, diploma and Baccalaureate levels, the total enrollment of student nurses now numbers three hundred sixty-five as compared to two hundred ninety-five last year. In educating allied health personnel for patient care, Jefferson helps to alleviate the critical shortage of health manpower for underserved areas.

John W. Goldschmidt, M.D. '54 has been Dean of the College of Allied Health Sciences since its establishment in 1967.

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## FEBRUARY, 1911

### *The Daniel Baugh Institute of Anatomy*

Jefferson Trustee Daniel Baugh had a very personal involvement with the institution, one which went beyond perfunctory attendance at meetings and dutiful fulfillment of assigned responsibilities. When a merger with the University of Pennsylvania was under serious consideration in 1926, for example, Baugh pledged his fortune to keep Jefferson independent. No one doubted he would keep his pledge, since five years earlier he had demonstrated his generosity and his commitment to Jefferson.

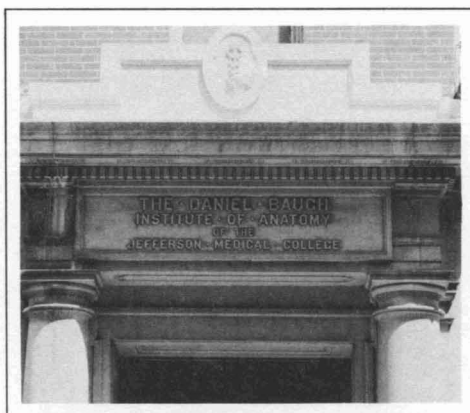
At that time, Jefferson's anatomy facilities has become impossibly cramped. Baugh quietly purchased two buildings at Eleventh and Clinton

Streets, remodelled and equipped them at his own expense for use by the Anatomy Department. (Jefferson had already purchased the heavily mortgaged property on which the buildings stood, which had formerly housed the Pennsylvania Dental College.) The alterations to the Daniel Baugh Institute of Anatomy began in February of 1911; by September of the same year the alterations were complete, and Jefferson had anatomy facilities second to none in the United States.

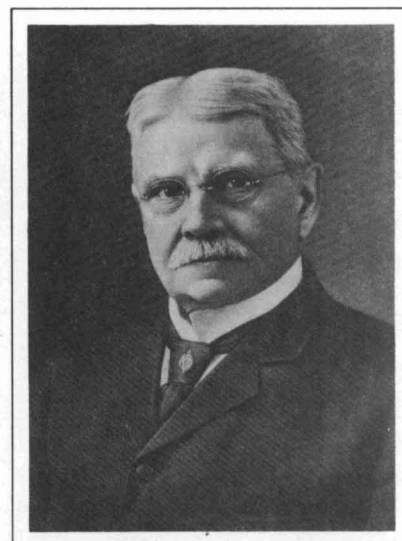
From its dedication in 1911 until 1967 when the Anatomy Department moved to Jefferson Alumni Hall, more than 8000 medical students studied at the Institute. After the one-year term



of D.B.I.'s first Director, Edward A. Spitzka, D.B.I. had only three Directors, all long-honored Jefferson names: J. Parsons Schaeffer; George A. Bennett; and Andrew J. Ramsay. There was a strong esprit de corps among both students and faculty at D.B.I. It was known for its traditions and its academic excellence. Today in its new quarters the Department of Anatomy retains the name and the spirit of the old Daniel Baugh Institute. Following Dr. Ramsay's retirement last fall, Dr. J. Marshall Johnson was named to succeed him as Chairman of the Department of Anatomy and Director of the Institute.



Daniel Baugh



## MARCH, 1870

### Alumni Association

Jefferson Medical College had been in existence for forty-six years before an Alumni Association was formed. Its establishment in 1870 was directed largely by Professor Samuel D. Gross. However, Dr. Nathan Hatfield '1826 chaired the committee which wrote the constitution and by-laws setting up the new Association. A meeting of interested JMC graduates ratified the constitution in March of 1870 and elected Samuel D. Gross its first president. Except for a short interval Gross remained as President until his death. In Gross' words "The obligations of an institution and its alumni are mutual. They cannot be infringed by the one without the infliction of corresponding injury upon the other. The tree is judged by its fruit . . . Let it form a part of our duty. . . to see where we stand, or in other words, what we are, and what we may be, if we are true to ourselves and to the cause of our honored profession."

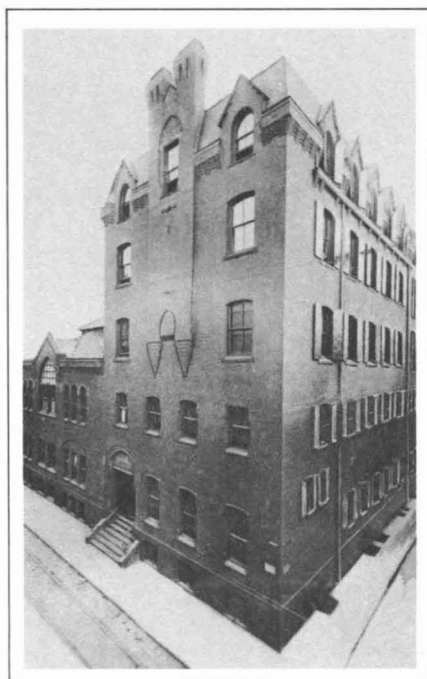
The objects of the Association as established in 1870 have the same relevance today. They are "to promote the general welfare of Jefferson Medical College; to maintain and cultivate

We, the Undersigned, hereby Subscribe  
to the Constitution and By-Laws  
of the Alumni Association of the  
Jefferson Medical College  
of Philadelphia.

<u>Date</u>	<u>Name</u>	<u>Residence</u>
1870		
March 19 <sup>th</sup>	N. S. Hargrett	501 Franklin St. Philadelphia
2	L. B. Groff	56 <sup>th</sup> & 11 <sup>th</sup> St. Phila.
3	Washington L. Atlee	1408 Arch St. "
4	Ellison Wilson	212 So 15 <sup>th</sup> St.
5	Edw. W. H. H. H.	
6	Mr. Horkes	233 So 42 <sup>nd</sup> St. Phila.
7	J. H. Campbell	943 So 2 <sup>nd</sup> St. "
8	Samuel J. Deal	1103 Arch St. "
9	Ralph Townsend	
10	D. H. Wilson	245 Arch St. 3356 Ridge ave.
11	Dr. Lipp	11 <sup>th</sup> Walnut St.
12	T. Morris Harkins	201 So 11 <sup>th</sup> St.
13	Benjamin Buckle	201 64 <sup>th</sup> & 16 <sup>th</sup> St. 1866
14	Wm. W. H. H.	1010 Cedar St. Phila.
15	N. Hatfield	206 Cor. Franklin & Bullman St. Phila.
16	John W. Barclay	Alameda
17	James Graham	Philadelphia 1342 Pine St.
18	Frederick H. L. Gravel	
19	John W. Barclay	423 So 3 <sup>rd</sup> St.
20	George W. Barclay	107 So 3 <sup>rd</sup> St. 222 & 16 <sup>th</sup>

good feeling among the Alumni; and above all to advance the interests of medical education and the diffusion of sound medical knowledge.”

In its century of activity the Association has continued to foster these objectives. Presently the Association of over 7200 members is governed by eight officers and an Executive Committee, all elected annually. Among the more important functions of the Association is the administering of the Annual Giving Program which has raised nearly five million dollars since its inception in 1948, the publication of the Alumni Bulletin, the sponsoring of functions during national medical meetings, the organization of chapters throughout the country and the promotion of all reunion activities. The tradition of the June Banquet dates back to 1870.



*The 1877 Hospital on Sansom Street.*



*The Thompson Annex opened in 1927.*

## MARCH, 1949

### *The Graduate School*

The names of the men who founded the Graduate College in March of 1949 under the aegis of the Board for the Regulation of Graduate Studies of Jefferson Medical College are familiar to most alumni—Bennett, Cantarow, Herbut, Goodner, Gruber, Thomas, Perkins and Savitz—as are those scholars who succeeded them and who are now at or near retirement—Coon, Friedman and Ramsay. The mantle of leadership in graduate education has passed to another generation of departmental chairmen—Aponte (Pathology), Johnson (Anatomy), Maurer (Biochemistry) and Schaedler (Microbiology)—and to members of the faculty who presently serve on the Graduate Council formed in 1971. Dr. Robert C. Baldrige has served as Dean of the College of Graduate Studies since 1970.

A review of the last twenty-five years reveals a continuous attempt to

build on the work of the founders: in the minutes of the Board for the Regulation of Graduate Studies are references to the extraordinary efforts of many, including Ramsay in '53, Herbut in '57 (he is still contributing as President of the University and an *ex officio* member of the Graduate Council), Cantarow in '61 and Conly in '66. Today, one hundred and ten highly capable and talented young men and women are enrolled in graduate programs that have been built up to their present state of excellence on the basis of the labors of these generations of scholars.

The past quarter-century has been a time of a great influx of federal and private funds to support education and research aimed toward the goal of better health for the people of the nation. As a result of increases in the numbers of faculty, there has been a steady improvement in the quality of education of students, both medical and graduate. And faculty members have had the resources to enable them to engage in research on such a scale

that the state of knowledge, compared to that of twenty-five years ago, is truly remarkable; in all fields of biomedical science, insights have been developed and tools have been perfected that allow the initiation of investigations that were unthinkable in 1949. Yet in 1974, because of the vagaries in federal funding and the increased costs of education and research, there is uncertainty as to whether the momentum so painstakingly built up in the past quarter century can be maintained. The Sesquicentennial Fund comes into being at a most propitious time in Jefferson's history. The faculty will strive to continue to educate the finest physicians and bioscientists and proceed in its quest for new knowledge for the benefit of all mankind. The most reassuring aspect of the present uncertainties is that our institution has met many major challenges during one hundred fifty years and has emerged as a strong and enduring university, retaining the trust of the public and the alumni. It will continue to do so in the future.



## Jefferson's Endowed Chairs

Samuel D. Gross was honored many times and in many ways by different sectors of the community: the medical profession, the U.S. government, the beaux arts. Nowhere, however, is Gross more intensely remembered than at Jefferson, where one of his most lasting memorials, the Samuel David Gross Professorship of Surgery, was created on April 4, 1910. (See page 17 for W. W. Keen's address celebrating the Chair's establishment and naming its first Professor.)

The Professorship was endowed by one of Gross' daughters, Maria Gross Horwitz, who contributed \$60,000 to Jefferson. The sum was donated in trust to be invested, with the principal held intact and the interest proceeds used for the operating expenses of the Professorship. The terms of the grant stipulated that the chair should never be limited to any specialty in surgery, but should always embrace the entire field.

The Gross chair has become one of Jefferson's most respected traditions. John Chalmers DaCosta '1885 was

the first Gross Professor serving from 1910 to 1933; he was followed by Thomas A. Shallow '11 who was Professor from 1939 to 1955; John H. Gibbon, Jr., '27 served from 1956 to 1967; and John Y. Templeton, III, served from 1967 to 1969. Presently Harry S. Goldsmith is the Samuel D. Gross Professor of Surgery.

Although the Gross Chair was Jefferson's first endowed Professorship others also have been established through the years. In 1916 Miss Anna J. Magee established the Magee Professor of Medicine and Thomas McCrae was named its first Professor (1916 to 1936). Hobart Reimann served from 1936 to 1952, John E. Deitrick followed him and served till 1957. In 1957 William A. Sodeman was appointed Magee Professor but served only several years before being appointed Dean. Robert I. Wise, appointed in 1959, has held the chair since then.

The James Edwards Professor of Orthopaedic Surgery, the third chair, was established at Jefferson in 1931

by Catherine B. Edwards. Professors have been J. Torrence Rugh, 1931 to 1939; James R. Martin '10, 1940 to 1950; Anthony F. DePalma '29, 1950 to 1970; and John J. Gartland 'S44, 1970 to the present.

Mr. and Mrs. Thomas Drake Martinez Cardeza established the Thomas Drake Martinez Cardeza Research Professor of Medicine in 1941 and Harold W. Jones '17 (1941 to 1954) was appointed first Professor. His successors are Leandro M. Tocantins '26, 1954 to 1963, and Allan J. Erslev 1963 to the present.

David M. Davis was named the first Nathan Lewis Hatfield Professor of Urology, a chair established in 1946 by Mr. Henry Read Hatfield. He served until his retirement in 1951 and was succeeded by Theodore R. Fetter '26 who was Professor from 1957 to 1967. Paul D. Zimskind '57 has been Professor since 1967.

And finally in 1964 Mrs. Hester C. Kind established the Ludwig A. King Professor of Medicine. John H. Hodges '39 has been Professor since that date.

MAY, 1825

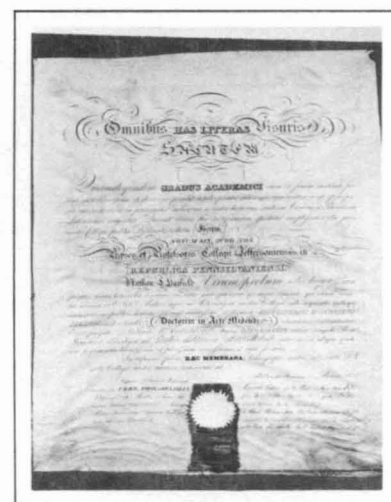
## First Clinical Teaching Facility

When the Jefferson Medical College Hospital was opened in May of 1825 it became the first true clinical teaching facility in the United States. The original hospital was described as "an apartment to be used by the Dean as an office, and to be also appropriated to the reception of indigent patients, whom it is hereby determined to supply with medicine gratuitously." The trustees and the faculty intended that an infirmary be a permanent part of the college. McClellan had often held clinics for teaching purposes when he

conducted his private school, but this was a new idea for a medical college.

All medical cases were prescribed for by Dr. Eberle. McClellan handled all surgical patients, and Dr. Rhees was appointed "permanent attendant." Other faculty members rotated attendance. There was support for the project outside the college as well, with other members of the community contributing money, supplies and materials.

McClellan operated on the infirmary's first patient on May 9, 1825, although the clinic was not formally opened until May 16. The Jefferson tradition emphasizing clinical instruction is thus nearly as old as the institution itself.



The Jefferson diploma. The above was granted to Nathan L. Hatfield, in whose honor a Urology Professorship was established in 1946.

MAY, 1953

## *Heart-Lung Machine*

Until the 1950s few physicians made any appreciable effort to diagnose congenital heart defects, because there was essentially nothing that could be done about them. That prospect changed on May 6, 1953 at Jefferson Hospital, when John H. Gibbon, Jr. performed the first successful open heart surgery. Using the heart-lung machine he had developed, Gibbon operated on an eighteen-year-old girl with an atrial septal defect. During the twenty-seven minute operation the patient's heart and lung functions were completely maintained by Gibbon's machine while the surgeon repaired the defect.

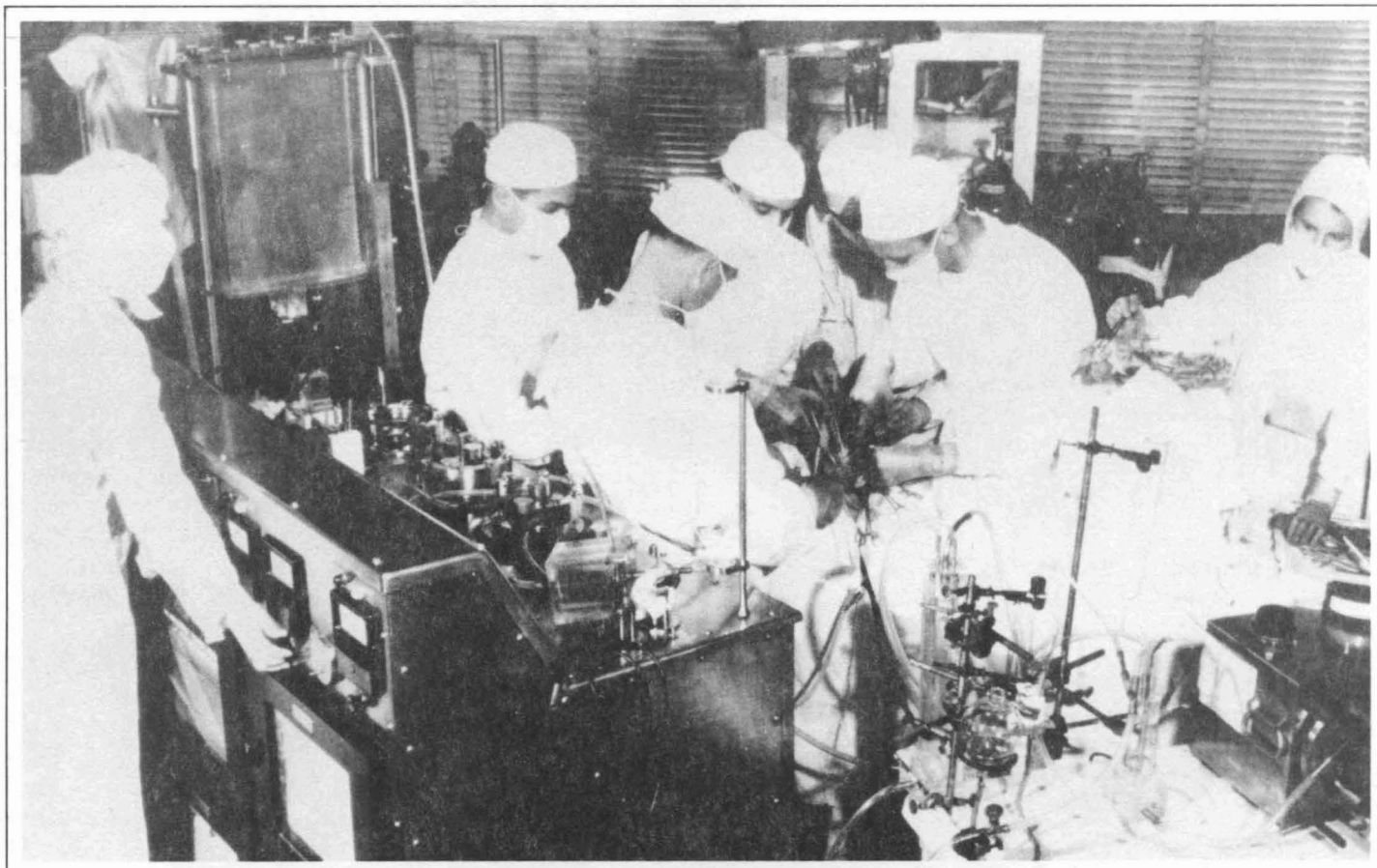
Gibbon began work on his heart-lung machine in 1931. He had seen a woman die because of a clot which

had choked off her pulmonary artery, blocking the flow of blood from her heart to her lungs. He knew that woman could have been saved if there had been a way to by-pass her heart and lungs and remove the clot.

Three years later he was immersed in his research of this problem at the University of Pennsylvania. His studies were seen as science fiction dreams by most of his colleagues, however, and he felt that his other commitments did not leave him the time he needed to develop his ideas. In order to devote his major efforts to the project, Gibbon accepted a Fellowship at Massachusetts General Hospital in 1934. There he built his first heart-lung machine from a second-hand air pump, a collection of finger cots and a box of rubber corks which he fashioned into valves. His first successful "patients" were Boston's felines, strays

lured by tuna fish from their Beacon Hill haunts.

World War II interrupted Gibbon's work, and when he resumed his research it was at Jefferson, as Professor of Surgery. He modified his early equipment to increase the time a patient could be safely maintained on the machine. Gibbon received support and technical assistance from IBM. His new device used a screen rather than a cylindrical oxygenator; the blood spilled down the screen in a thin film, which provided for better oxygenation than had the whirling cylinder. Repeated success with dog subjects convinced Gibbon that his heart-lung machine was now safe and practicable for humans. His May 6, 1953 operation convinced even the sceptics of the tremendous importance of the heart-lung machine, which since 1953 has taken open heart surgery from the realm of science fiction.



JUNE, 1971

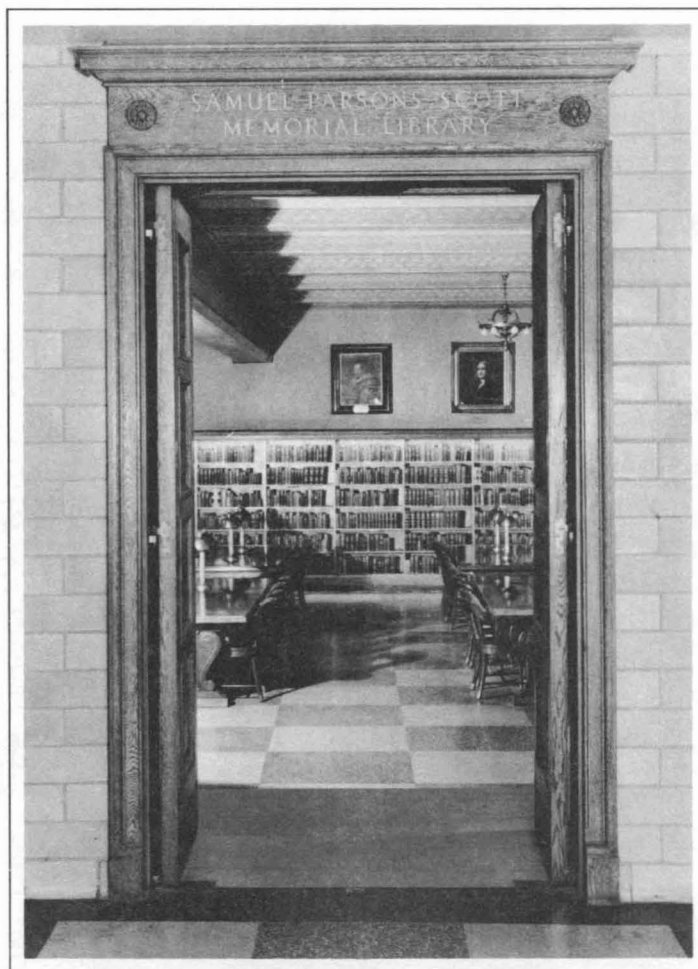
## *The Library*

The library, or as it was known in the early days, the Jefferson Students' Reading Room, was started as a joint venture. The college Y.M.C.A. occupied rooms on the southeast corner of Tenth and Walnut Streets, the "Ladies Auxiliary" of the college furnished the rooms and made them pleasant and attractive. This was in the fall of 1894, and it was reported that the rooms were supplied with the latest daily and monthly periodicals. A medical reference library was started and a number of valuable books was received from friends of the Y.M.C.A.

By 1897 the library collection was given to the Board of Managers comprised of wives, relatives and friends of the trustees and faculty of the college. It was used as a nucleus for a student library in the then new college building to be opened in 1898. The collection numbered some eight hundred volumes and the reading room was supplied with current medical and literary magazines and newspapers.

The Board of Managers provided reading rooms for daytime use that could double as student society meeting rooms by night, or could be used for occasional receptions. A recreation room was provided with a pool table, and an "information bureau" maintained a list of approved boarding houses for the convenience of the students. The managers sponsored theatre parties and held teas to raise the funds needed to maintain these services. By 1900 they were able to pay the salary of a librarian.

Within three years the library boasted over 3,000 volumes. Although many of these had been purchased, a glance through the first accession book shows that most had been donated. The list of donors is of interest, for many had come from Dean James W.



Holland, Doctors Hobart A. Hare, Henry C. Chapman, Henry W. Stelwagon, W. W. Keen, George M. Gould, Nicholas Senn and William H. Green. Many too had been contributed by the Philadelphia medical publishers.

By 1903 the Board of Managers had discontinued its responsibilities for the pool room and smoking room and was devoting the time and funds available for the management of the reading room alone. These efforts were apparently appreciated, for the early records show that about one hundred books were consulted every day.

In 1906 the Board of Trustees assumed direction of the library as a college activity and accepted all responsibility for its maintenance and regulation. At that time the collection

was composed of about 4,000 volumes. Over fifty of the leading medical journals of this country and Europe were being received regularly.

Mr. Charles Frankenger was appointed the Librarian in September 1907. He had been on the staff of the College of Physicians of Philadelphia Library and brought to Jefferson the first sustained term of professional library service. The collection soon outgrew its space and shelves were added in the office of Dr. James C. Wilson on the second floor of the college building.

In August 1917 Mr. Frankenger resigned to go to the Medical Society of the County of Kings in Brooklyn and Mr. Joseph J. Wilson who had been at the Free Library of Philadelphia, took his place. The library continued to expand and when Doctor





Wilson's office was overflowing Mr. Wilson arranged to store much of the older material in the physiology laboratory of Dr. Albert P. Brubaker. There it was kept until the day it would be needed in new and larger quarters. Mr. Robert T. Lentz followed Mr. Wilson as Head Librarian in 1949.

When the present college building at 1025 Walnut Street was occupied in 1929 the beautiful reading room on the main floor and the stacks in the basement were felt to be one of the finest in American medical schools. The collection numbered 24,000 volumes and the library was designed to house at least fifty thousand. Alas, libraries double themselves in about fifteen to sixteen years. In a short time the collection was weeded of duplicated and little used titles and storage

space was found in the sub-basement until new quarters could be built.

In 1934 the library was designated the Samuel Parson Scott Memorial Library, in memory of a lawyer from Hillsboro, Ohio, who made a substantial bequest to the college to support its library. Interest from this bequest made it possible for Jefferson to have matching funds to apply for a construction grant provided by the Medical Library Assistance Act in 1966. With these combined funds plans were drawn and the new Scott Library was built and dedicated in June 1971. The collection of about 60,000 volumes housed in 9,000 sq. ft. of space was moved in 1970 to the present library of 53,000 sq. ft. of space.

While the former libraries at Jefferson were designed for the medical school, the present Scott Library is

viewed as an arm of a medical university. Based on a fine medical school collection the Scott Library should shortly become a strong support for an expanding educational program encompassing the broad spectrum of medical and paramedical professions. In recent years materials in the areas of psychology, sociology, physics, anthropology and nursing have been incorporated into its scope of interest. During the past year considerable effort has been put into developing a step by step program to add materials in the fields of history and literature. A recent anonymous gift has made it possible to begin to purchase in these areas of general studies. Additional monies will be sought to carry this program further. The aim is to build a strong general studies collection to match our existing strong collection.

## *The University Charter*

De jure, Jefferson has been a university since 1838, when the Pennsylvania legislature granted the school full university status and degree-granting privileges equal to those of the University of Pennsylvania. De facto, Jefferson became a true university only through metamorphosis.

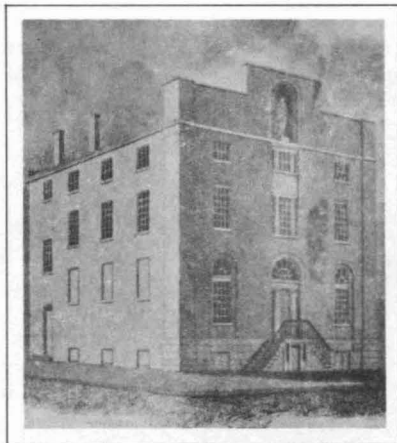
President Peter A. Herbut, at his Inauguration in 1967, pointed out that "Jefferson Medical College has a university charter, it has offered

Medical Degrees since 1824, it has given Master's and Doctor of Philosophy degrees since 1949, and it will be offering Associate Science and Bachelor of Science degrees as soon as its College of Allied Health Sciences is established. When this is accomplished Jefferson will, in fact, become a university."

By July, 1969 these steps had all been achieved, and with its growth Jefferson could only properly be de-

fined as a medical university. To reflect this fact, the original university charter was formally reactivated, and the name of the school was officially changed to the Thomas Jefferson University.

Presently the four components of the University are Jefferson Medical College, Thomas Jefferson University Hospital, The College of Graduate Studies and the College of Allied Health Sciences.



*The original Medical Hall, built by Jefferson's first benefactor, Dr. Ezra Stiles Ely.*

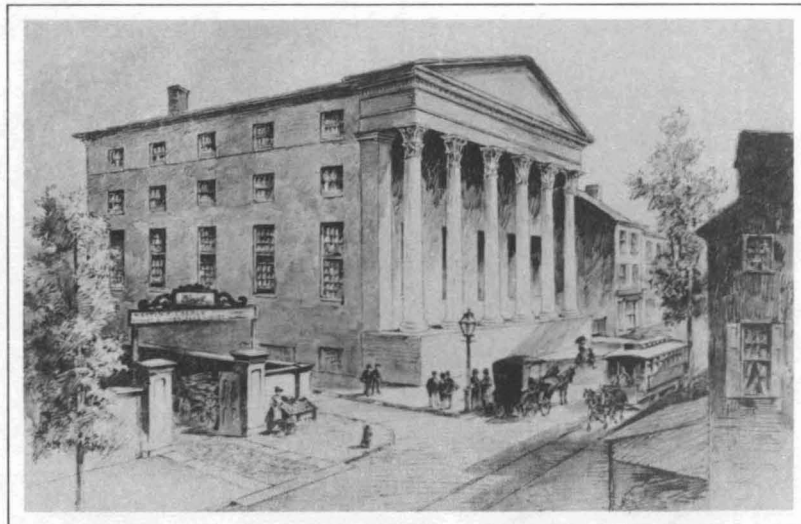
AUGUST, 1828

## *Medical Hall*

Jefferson expansion is not unique to the twentieth century; from its inception Jefferson has outgrown its facilities with regularity. In 1827, for instance, it became clear that the Tivoli Theatre building could no longer adequately house the College, and a member of the Board of Trustees, Dr. Ezra S. Ely, erected a new building for the medical school at his own expense. This building, which came to be known as Medical Hall, was located on the west side of Tenth Street, between what are now Sansom and Moravian Streets. Two and one half floors high, its design was modest and

its exterior simple; total cost was \$10,500.

This structure served Jefferson well throughout the nineteenth century, undergoing three separate renovations. In 1838 architect Thomas U. Walter, who designed the House and Senate wings and the central dome of the U.S. Capitol Building, remodeled Medical Hall extensively both inside and out. By 1846, however, expansion was again necessary. Although the Trustees discussed a new building on a new site, they once again decided to revamp Medical Hall. A student of Walter's, Napoleon LaBrun, was com-



*The 1846 renovation of Medical Hall.*

missioned, and the result was the six-columned, Roman temple style building pictured on our cover. LaBrun's work was considered an ornament to the city.

But Jefferson's temple was a temporary phenomenon. However ornamental, LaBrun's hexastyle portico made inefficient use of the building's porch space, and it was removed to allow extension of interior space to the property line in 1881. The building's final alteration was its demolition in 1902 which made way for construction of the Old Hospital building, formally opened in 1908.

SEPTEMBER, 1973

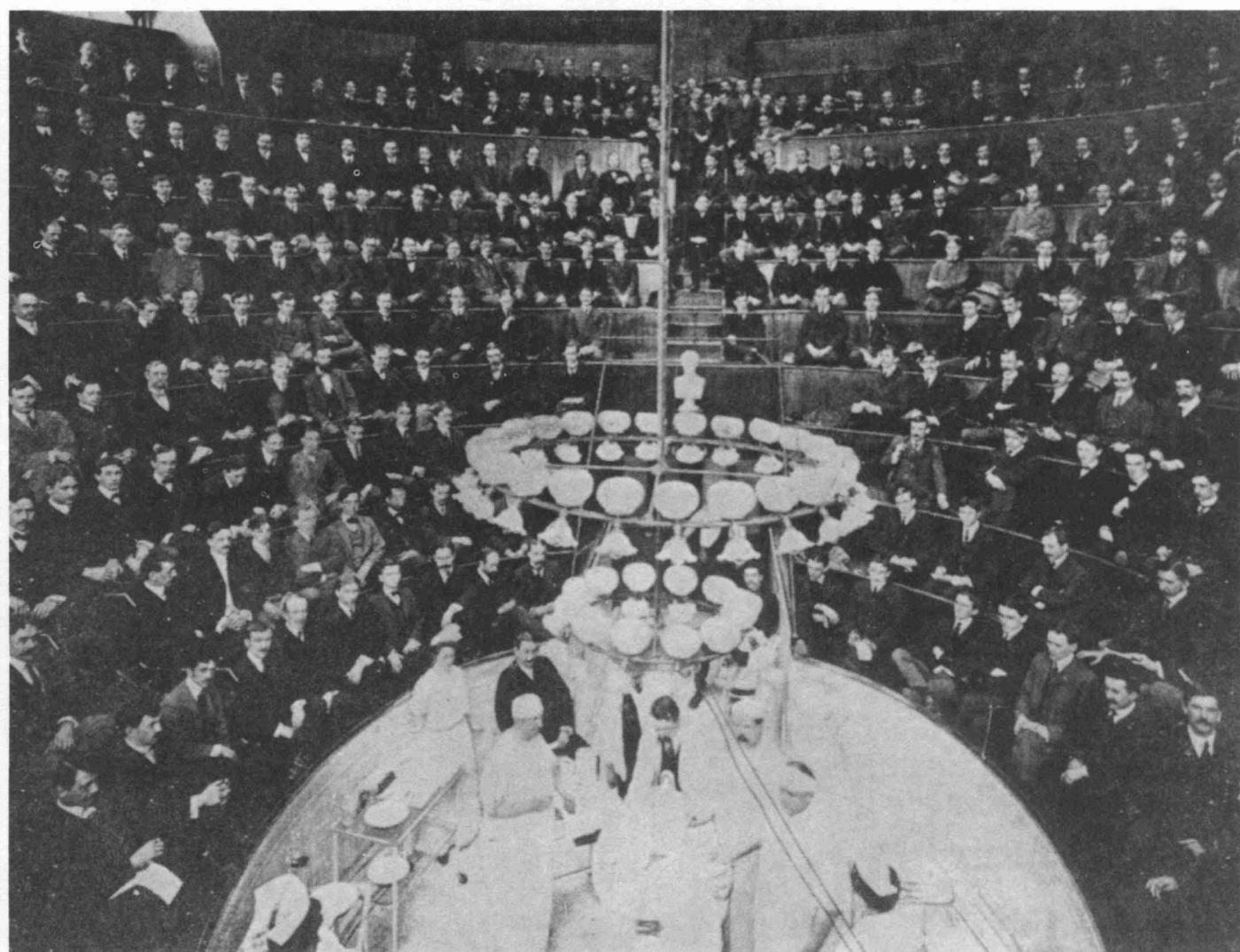
## *Accelerated Program*

In 1963 Jefferson established an accelerated program for undergraduate and medical education in cooperation with Penn State University. The plan has made it possible for students to earn both a B.S. and an M.D. degree in five calendar years. The students selected for this program, numbering usually about thirty to forty per year, begin their studies immediately following high school graduation. After

completing their first five terms at Penn State, they begin work at Jefferson, returning to Penn State for two additional summer sessions. This five-year program is the shortest overall course of study leading to a medical degree in the United States.

The tenth group of accelerated students was admitted to Penn State in June, 1972 and entered Jefferson in September of the following year. Approximately one hundred twenty-five students have graduated from the program to date. Although individual academic problems have occurred,

they occur with equal regularity in the non-accelerated classes. And despite the personal adjustments necessary for the students, many of whom miss the ordinary college experiences because of the intensity of the combined course, faculty and participants both agree that the program has been a success. The academic performance of accelerated students has not differed measurably from the performance of those enrolled for the usual term of study, and the program has proved significant in attracting young people to a medical career.



*Jefferson's clinical amphitheatre, better known as "The Pit."*



## The Founding

George McClellan was not the first physician in the early nineteenth century to perceive a need for a second medical school in Philadelphia. Nor was he the first to try, unsuccessfully, to obtain a university charter from a state legislature extraordinary sympathetic to the University of Pennsylvania's medical school monopoly in Philadelphia. McClellan was, however, the first with the ingenuity to circumvent the University's political influence and to establish a new medical school in a necessarily unorthodox fashion.

McClellan, with medical scholar and writer John Eberle, initially gave medical instruction on a private basis, attracting a large number of students. After failing on two occasions to obtain a charter for a degree-granting medical school, McClellan in 1824 prevailed upon his fellow Scots Presbyterians at Jefferson College in Canonsburg, Pennsylvania (see page 38) to open a medical department in Philadelphia as a branch of their College. At a June, 1824 meeting of the Board of Trustees, the Articles of Union establishing a new department were approved, and McClellan was officially authorized to begin his medical school in October.

Like other early medical schools, Jefferson had to withstand attacks from the local medical community. The University of Pennsylvania, for instance, did not accept "McClellan's school" gracefully. It stated publicly that Jefferson degrees were worthless and that the Articles of Union, which absolved the College of Canonsburg from any financial responsibility regarding its medical school, were without legal validity. McClellan and his faculty realized in 1826 that Jefferson needed specific legislative recognition of its right to grant medical degrees.

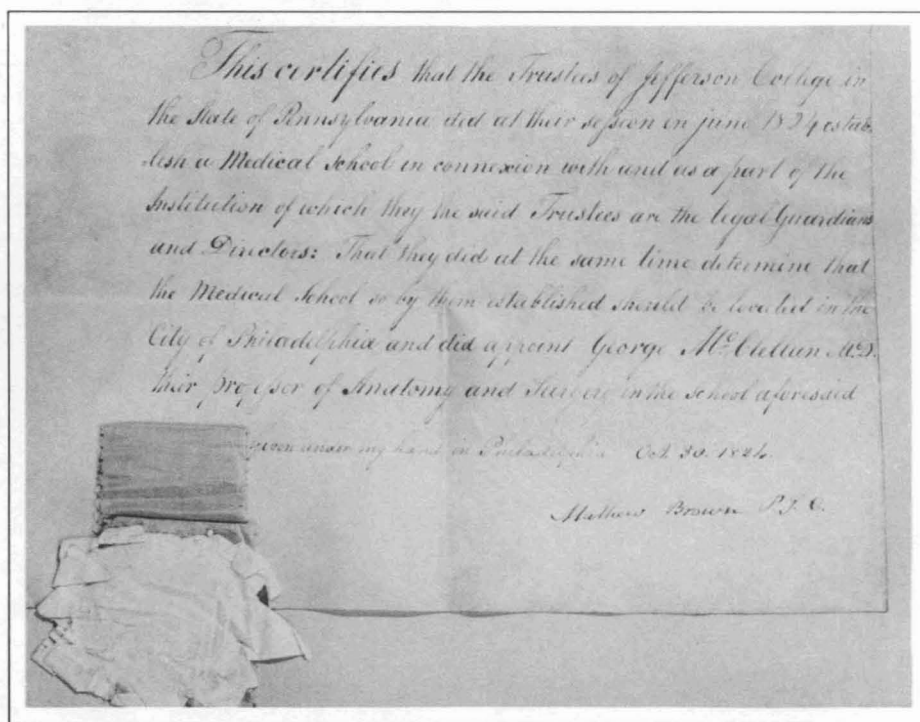
Politically, Jefferson was in a much better position in 1826 than it had been in 1824. The school now had many established supporters, and its Trustees, who came from all sections of Pennsylvania, lobbied with their representatives to insure passage of a favorable bill. Naturally University of Pennsylvania partisans did the same. The Legislature finally approved an act authorizing Jefferson to grant medical degrees in 1826.

One of Jefferson's greatest tales surrounds the signing of this bill by the State Governor. Like all tales, the story is told with any number of variations. However, the basic facts indicate that McClellan himself rode furiously to Harrisburg as soon as the bill was ratified by the Legislature, to insure that the Governor signed the bill before opponents could engineer legislative modifications. His famous ride took only one day, exhausting two horses; one story has it that he was pursued from Philadelphia to Harrisburg by malevolent University of

Pennsylvania conspirators. With or without the pursuers, McClellan was back in Philadelphia the following dawn, with the bill safely signed into law.

Although the 1826 bill extended Jefferson's powers, as the institution grew it required additional authority. In 1838 the Legislature recognized that Philadelphia's second medical school was not a temporary phenomenon and granted a separation from the Canonsburg school, according Jefferson university status and privileges fully equal to those of the University of Pennsylvania.

By 1841 Jefferson could no longer be classified as a new school struggling for survival. The world renowned faculty of 1841 to 1857 featuring men like Robley Dunglison, Thomas D. Mütter and Charles D. Meigs, brought stability and respectability to Jefferson, establishing a reputation that made threats from the University of Pennsylvania henceforth irrelevant.



NOVEMBER, 1893

## *Jefferson Nursing*

In November, 1893 Jefferson's Nursing School held its first graduation; five students received degrees after a two-year course of study. Since that time the Nursing School has grown and achieved in proportion to the rest of Jefferson.

Today the diploma nursing program, which now runs thirty-three months, educates approximately two hundred sixty students annually and has graduated over four thousand men and women since 1893. Competition for admission has become great: for September, 1973 admission, 1600 students applied for one hundred seventeen places. The school's facilities have been enlarged and modernized over the years as Jefferson itself has grown. From initial residence quarters in the College Building, to the 1010 Spruce Street residence, nursing students are now housed in the completely modern Martin Building at Eleventh and Walnut Streets. Jefferson's diploma nurses have served with



*Early Nursing School graduating class.*

the Jefferson unit in all the major wars and have volunteered in many national emergencies. In 1967 the school became part of the newly created College of Health Sciences.

Jefferson also prepares nurses through two other types of programs. The practical nursing course, begun in 1964, offers a twelve-month classroom and clinical instruction program leading to certification as a Licensed Practical Nurse. Two hundred twenty-seven L.P.N.s have graduated to date. The most recent program is Jefferson's Baccalaureate course, which admitted its first forty-six students in September, 1972. Students

admitted to this program enter Jefferson's College of Allied Health Sciences as juniors, having completed two years of undergraduate study in the arts and sciences elsewhere. The clinical experience of the Baccalaureate student at Jefferson differs from that of the diploma student primarily in the degree of involvement with the community. A Baccalaureate nurse is exposed not only to nursing courses and in-patient care but to outreach community programs as well.

The three different approaches to nurses training allows Jefferson to respond flexibly to changing and growing health care needs.

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DECEMBER, 1824

## *The First Faculty*

The opening of Jefferson Medical College meant the beginning of one of the institution's most necessary conventions: the faculty meeting. In December of 1824 the first faculty was assembled formally for the first time. With George McClellan in the chair of Surgery and John Eberle as Professor of the Theory and Practice of Medicine, the other appointments were: Benjamin Rush Rhees, *Materia Medica*, Botany and Institutes; Francis S. Beattie, Midwifery, Diseases of Women and Children; Joseph Klapp,

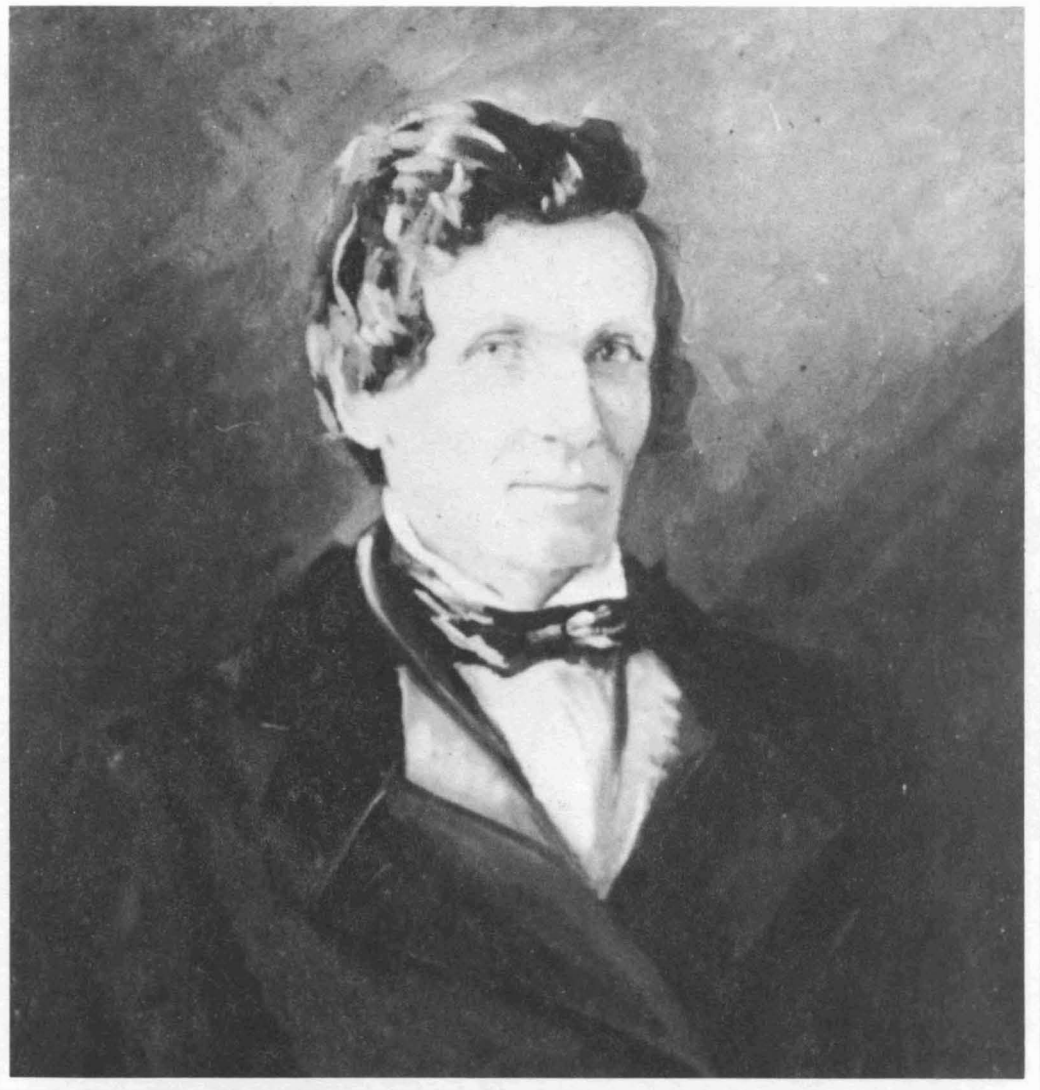
Anatomy; Jacob Green, Chemistry, Mineralogy and Pharmacy.

The first faculty was a distinguished group, but one which faced internal dissension from the outset. Jacob Green, in fact, was the only faculty member who didn't take sides in internecine disputes. His tenure at Jefferson was the longest of the original faculty, and he was said to have been a major factor in keeping the institution together. The quarrelsome predisposition of founder George McClellan, however, is well-known. His dissonant influence was nearly matched by Francis Beattie, who infuriated his colleagues when he would neither give his full course of lectures, contribute to college upkeep nor pay his personal debts to other faculty members. When the Board of Trus-

tees dismissed him from his position he published a pamphlet outlining his many grievances with the faculty and Board at Jefferson, for which George McClellan subsequently brought a successful libel suit against him. After leaving Jefferson Beattie went into politics in Mobile, Alabama.

The first faculty did not remain long intact in any case. Joseph Klapp resigned in 1825 for reasons of health, and Benjamin Rhees, said to be the most scholarly man of medicine of his era, died in 1831. John Eberle moved to Kentucky in 1838. George McClellan's tenure at the institution he founded ended in 1839, at which time professorial problems became so great that the Board disbanded the faculty as a whole, eventually reinstating nearly everyone but McClellan.

## profile



*George  
McClellan*

Families with generations of Medical College alumni ties are a tradition at Jefferson. Few families, however, have as historic a connection with the institution as the Evans family, whose lineage at Jefferson begins with George McClellan himself.

Faced with the esoteric labyrinth of genealogy, a laywoman is tempted to hide behind a simple recitation of begats. Because the Evanses are collateral descendants of George McClellan's, however, even a simple recitation is not so simple. George McClellan's father, Samuel, had a brother Joseph McClellan, who was, of course, George's uncle. It is through Joseph McClellan that the Evans line is related to Jefferson's founder.

Joseph McClellan's grandson, Robert Miller McClellan, was the first of

the family to attend Jefferson; he graduated in 1879. Robert's daughter, Mary Helen, became the Evans connection when she married J. Lawrence Evans '1910. Two more generations followed: their sons, J. Lawrence Evans, Jr. '37 and Robert L. Evans '52; and their grandson, J. Lawrence Evans III '61.

According to Robert Evans '52, currently a Jefferson Alumni Trustee, no one in the family ever seriously considered attending any medical school but Jefferson. His father, J. Lawrence, Sr., was influenced to attend JMC by his wife and father-in-law, but his lifetime loyalty to the institution was based on more than family sentiment. In order to finance his medical education, he worked full-time throughout medical school,

studying in the early morning and late evening hours. Jefferson was the only school in Philadelphia which agreed to accept him under those conditions, and he never forgot that opportunity.

Neither did he waste it. After interning at Newark City Hospital, Dr. Evans set up a practice in North Bergen, New Jersey. He was Medical Director and Superintendant of North Hudson Hospital until he was eighty-six, and continued his private practice until he was ninety. Also active in medical associations, he was President of his state and county medical societies and an officer of the AMA. Dr. Evans died in 1970.

The family grew up in a huge Victorian house on the Palisades in New Jersey. J. Lawrence, Sr., is remembered as a strong, dominant figure, a



wonderful storyteller, a sportsman and family historian. His wife died in 1929 but he remarried a long-time family friend in 1935. Although the Evans brothers grew up during the Depression, the family never lacked the necessities: Dr. Evans' patients, the butcher, the baker, etc., provided amply in return for the physician's services.

Both brothers served in World War II, J. Lawrence, Jr. (Larry) as a physician to the guerrilla forces in Mindanao in the Philippines, and Robert, who only eighteen at the time, as a platoon sergeant. After the War, Larry gave up his general practice in Leonia, New Jersey for a psychiatric residency in New York. He has practiced psychiatry in New Jersey ever since, raising his four children there. Like his father, he has been active in the medical associations, among his activities serving as President of the New Jersey Neuro-Psychiatric Association and District Branch of the American Psychiatric Association.

Robert Evans entered college at George Washington University when he left the Service and enrolled at Jefferson two years later. He remained at Jefferson for his residency and stayed on in an administrative capacity in the Department of Medicine. A summer job with the AMA, certifying internship and residency programs at different medical schools, focused his interest on graduate education. He left Jefferson for York Hospital where he ran experimental internship and residency programs until 1971.

Like his ancestor George McClellan, Robert Evans helped found a medical school, of which he is now Dean. The Rockford School of Medicine, one of five branches of the University of Illinois College of Medicine, concentrates on clinical medical education. Students fulfill basic science requirements at one of the other state branches and come to Rockford to work with patients. The School has been designed to utilize the physicians and hospital facilities of the community, although the School itself has no teaching hospital. One of Rockford Medical School's emphases, like Jef-

erson's, is on family medicine.

Starting a medical school is no less demanding today than it was in 1824, but Dr. Evans has the McClellan enthusiasm. "It's fun to build up from scratch. It's the kind of opportunity everyone dreams of."

It should be noted that there is a third Evans brother, Henry, who became a college professor and President despite the medical atmosphere he grew up in. Dr. Robert Evans tells the story of his father's retirement dinner, where the three physicians in the family were rather grandly introduced. "The speaker gave Hank one line: 'And Dr. Evans has a third son named Henry.' But Hank has achieved in his own right: he was an All-American football player at Syracuse, a fighter commander in the Pacific and has been very successful in his profession." Dr. Henry Evans now has retired from college administration, but still enjoys teaching both English and history at a local college in Myrtle Beach, South Carolina.

The most recent Evans to attend Jefferson was J. Lawrence Evans, III '61. Like his father J. Lawrence, Jr., he is a psychiatrist, now practicing in the Georgetown area of the District of Columbia.

The three generations of Evans physicians found their experiences at Jefferson understandably different. The curriculum and methods of teaching seem the most noticeably changed. When J. Lawrence, Sr. '1910 studied at the College, classes were still largely conducted as quiz sections at the professors' homes. There were no required textbooks and no note service; a student's ability to take notes quickly and accurately was crucial.

By the time Robert Evans '52 began his studies, students were vocal in their opposition to the predominance of lectures in the curriculum. Because ninety percent of the class were veterans, the students were an older, more mature group who were used to commanding respect. They believed they had the right to demand a "relevant," quality education, and Dr. Evans feels the classes of his era helped bring

about some of the curriculum changes Jefferson is implementing today. J. Lawrence Evans III's class of 1961 was part of the transitional period between the old curriculum and the new.

Because J. Lawrence Evans, Jr. '37 attended medical school during the Depression and immediately thereafter, he found that classes were small; most people simply were not able to afford medical school at that time. Standards were affected, and thus the student failure rate was higher. From that time, it has become increasingly more difficult to be accepted at Jefferson, and classes have still grown larger, as increasingly fewer students now experience academic failure.

As one might expect, social aspects at Jefferson also changed through the generations. When J. Lawrence, Jr. married at age twenty, he was one of two married men in his class at JMC. Nearly eighty percent of Robert Evans' post-War class was married, but the percentage dropped again by the 1960s when J. Lawrence III was at Jefferson. The social life on campus changed proportionately, with the fraternities and elaborate social functions playing a greater role when most of the students were single. "Nearly everyone in my class was on the G.I. Bill," Dr. Robert Evans noted. "Saturday night beer parties were all most of us could afford."

Interest in Jefferson and loyalty to the institution have remained constant for each generation, however. Dr. J. Lawrence Evans, Sr. and his son, J. L. Evans, Jr., have both been active in the New Jersey chapter of the Alumni Association and both have returned to Jefferson regularly for class reunions, etc. Dr. Robert Evans is an enthusiastic alumni member of Jefferson's Board of Trustees, playing an active role despite the long commute from Illinois.

And the Jefferson tradition appears to have carried over into still another generation. Robert Evans' youngest son is in college taking a pre-med course, and there's no question in his mind about where he wants to go to medical school. J.M.

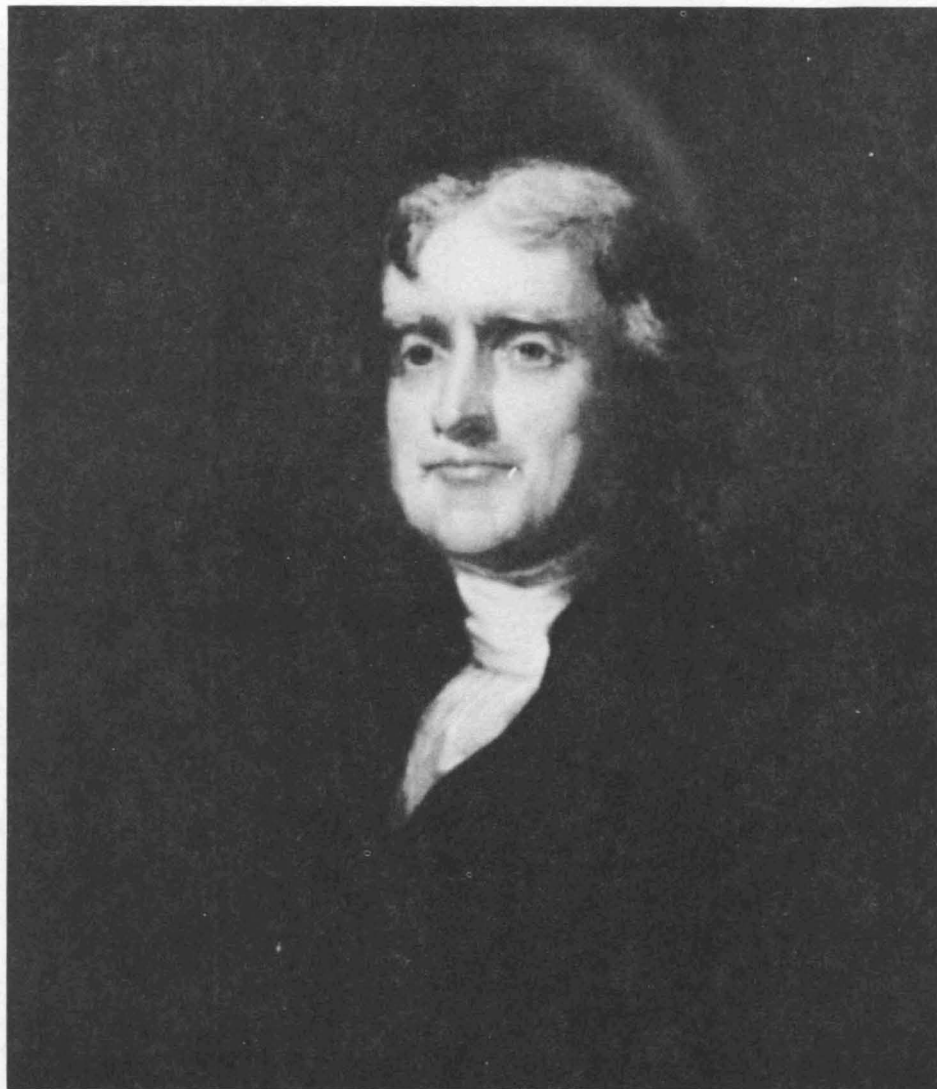
# JEFFERSON PORTRAITS:

BY J. DOUGLAS CORWIN '35

About 1773, an itinerant Presbyterian preacher named John McMillen arrived in western Pennsylvania to minister to the Scotchmen who had settled that area. He founded the Chartiers Hill Presbyterian Church near Canonsburg about 1775, and in 1787 he founded Canonsburg Academy in a

log cabin near the same settlement. This was the first school west of the Alleghenies. This was not too many years after the French and Indian War and Braddock's defeat near Pittsburgh. The only good road into the area was the military road constructed by Braddock from Virginia. Accordingly,

the area was probably much more closely related to Virginia and the South, than to Philadelphia and the rest of Pennsylvania, since the western part of the state is blocked by largely impassable mountains. The impoverished preacher made appeals to many prominent citizens of both Pennsyl-



*Thomas Jefferson. He sent this portrait to Jefferson Academy at Canonsburg in 1803 instead of money.*

# HISTORY AND ENIGMA

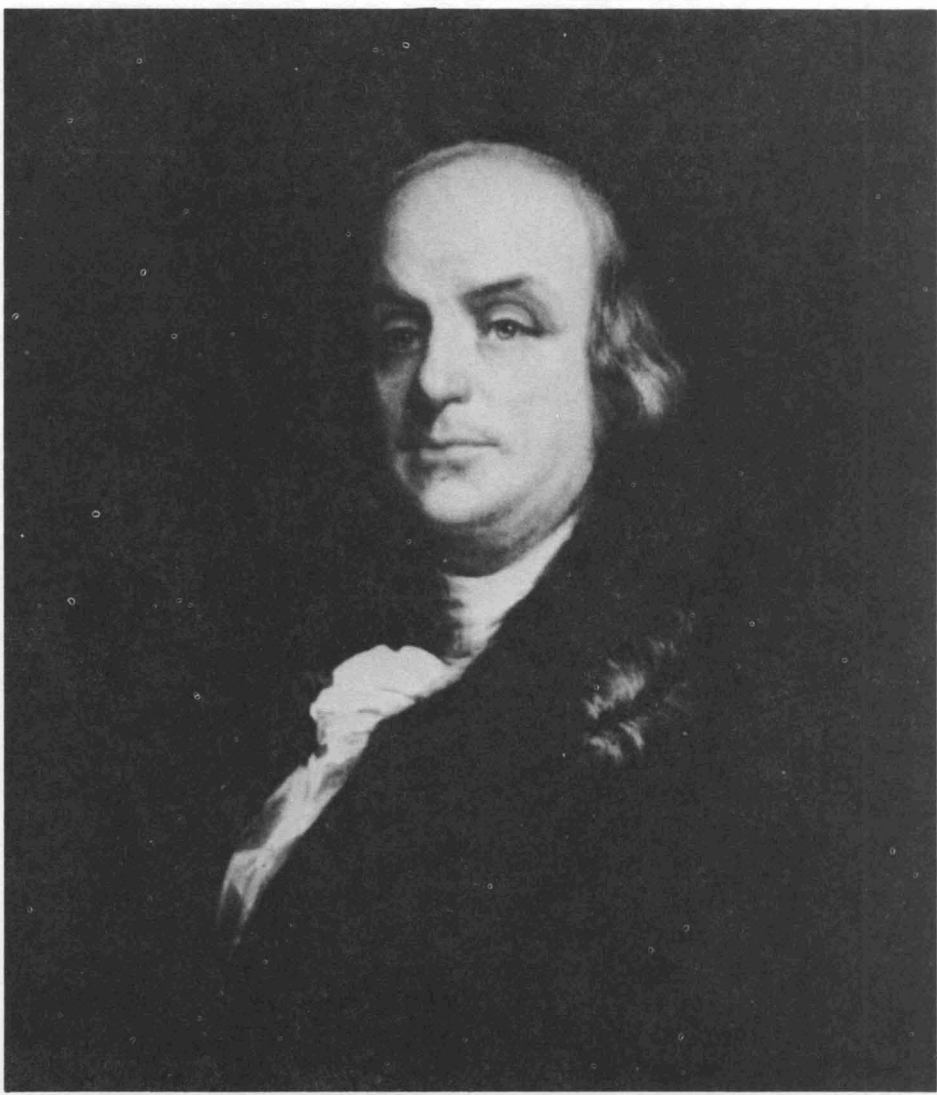
and JAMES H. CORWIN, II '56

vania and Virginia for funds, books, and other necessities for his academy in Canonsburg. Some of his letters to prominent citizens of Philadelphia asking for aid are still in existence. From these appeals he received some funds and a considerable number of books. From Benjamin Franklin, to

whom he had written, he received fifty pounds and some books to start a library. In 1790, the year of Franklin's death, the Academy received the portrait of Benjamin Franklin, almost certainly from Franklin himself; however, the remote possibility does exist that it was sent by one of his family

shortly after his death.

Canonsburg Academy limped along after the death of John McMillen in 1794, and by 1802 was in dire financial straits. Thomas Jefferson at this time was President of the United States and reputedly a very wealthy man. (In reality, Jefferson was strap-



*Benjamin Franklin. He contributed money and books to Jefferson Academy, and he (or his family) donated this portrait in 1790.*



ped for cash at this time since he was building and refining Monticello.) The trustees of the school changed the name to Jefferson Academy to honor Jefferson, in hope that he would financially help the school. Jefferson sent no money, but did send a number of books which he donated to the literary society of the academy named for him. In 1803 he sent a portrait of himself to the school. This apparently came over from the Monticello, as Jefferson kept almost nothing of value in Washington, D. C.

In 1802 Jefferson was chartered as a college. In 1824 Jefferson Medical College of Philadelphia was founded as a branch of Jefferson College, because the Philadelphia founders were unable to obtain a charter from the Pennsylvania Legislature, which was dominated by representatives sympathetic to the interests of the University of Pennsylvania.

The two portraits hung in Jefferson College from the time of their acquisition until 1865 when again the college was in dire financial straits and nearly folded. Many of the students in previous years had come from Virginia and the South, and the Civil War had dried up this source of students. Most of the local young men were off fighting for the North. In 1865, the trustees decided to amalgamate with

Washington College of Washington, Pennsylvania. Washington and Canonsburg were only nine miles apart, and the former also was a small Presbyterian College of approximately the same size, age and objectives. Accordingly, in 1865 Washington and Jefferson College came into existence. Unfortunately, the newly constituted school continued to use both campuses, and the jointure didn't really help much. The new college continued in desperate straits needing both money and students.

In 1869, the trustees of Washington and Jefferson College decided that drastic measures were required to save the school. They offered to move the college to any city that would give the most money to the college. Washington, Pennsylvania and Steubenville, Ohio were both in the running. Canonsburg was very small and was able to bid only \$16,000. Washington, Pennsylvania won out with a bid of \$50,000, and preparations were made to move the physical effects of the school to Washington. At this point the story becomes cloudy, but apparently the worthy citizens of Canonsburg were quite unhappy that the school, which had been in their town for nearly a hundred years, was moving away. There was some type of a civil disturbance and during this the portraits of Franklin and Jefferson disappeared. The school authorities also were prevented from moving the books donated by Jefferson, because they were the property of the literary society, not of the College itself. They were stored in the local public school for a number of years until they too disappeared. The portraits remained hidden for about sixty years, although they were not forgotten.

James H. Corwin, M.D., Jefferson Class of 1903, who practiced in Washington, Pennsylvania was an avid Jefferson alumnus and a history buff. He knew of the existence of the portraits, and apparently began to try to

locate them sometime around 1925. After three or four years of research he believed that an elderly lady by the name of Roberts who lived in Canonsburg had possession of the portraits, or at least she knew where they were. He apparently tried without success to obtain them for Jefferson. In 1929, Dr. Corwin told Dr. Ross Patterson, who was his friend and contemporary, and the Dean at Jefferson at the time, of the existence of the portraits. Dr. Patterson traveled to Washington, Pennsylvania in 1929 and the two of them went to Canonsburg to talk with her to try to obtain the portraits for Jefferson. The elderly woman refused even to admit the existence of the portraits, but listened to them with attention. Sometime after this visit, the President of Washington and Jefferson College also learned of both the existence of the portraits and their probable whereabouts. When he was unable to obtain the portraits from the lady he threatened her with legal action. The lady then called Dr. Corwin and gave him the portraits for Jefferson Medical College. He presented them to Dr. Patterson at Jefferson who had them cleaned, restored and framed. The portraits were hung in the library at Jefferson, where they remained until the move was made into the new Scott Library. Dr. Patterson had small copies of the portraits made which he forwarded to Dr. Corwin. These still hang in the office of his son, J. Douglas Corwin, M.D., Class of 1935. These things were done quietly because both Dr. Corwin and Dr. Patterson feared that if a court suit were initiated by Washington and Jefferson College, it might result in the loss of the portraits to the Medical College.

The Benjamin Franklin portrait today hangs in the third floor browsing room of the Scott Library and Administration Building and the Thomas Jefferson portrait is in the Dean's Office at 1025 Walnut Street.

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*The Corwin family records a four generation tradition at Jefferson. In addition to the alumnus responsible for acquiring the portraits, James H. Corwin, M.D., class of 1903, and the authors of this article, father and son, J. Douglas Corwin, class of 1935 of Washington, Pennsylvania and James H. Corwin, II, class of 1956 of Jacksonville, Florida, there is Douglas T. Corwin, class of 1959, also of Washington, son and brother of the authors. The newest member on the Jefferson scene will be the son of the Florida Corwin, who enters the Medical College in the fall of '74.*

## class notes

### 1923

**Dr. Edward B. Pedlow**, 1903 W. Market Blvd., Lima, Oh., has been honored by the Lima and Allen County Academy of Medicine for fifty years in the practice of medicine.

### 1927

The third annual John H. Gibbon Jr., lecture was delivered by **Dr. John W. Kirkland**, Surgeon in Chief at the University of Alabama Hospitals and Clinics, during the meetings of the American College of Surgeons in Chicago last fall. His subject was "The Cardiovascular Subsystem in Surgical Patients."

### 1928

**Dr. William T. Lampe**, 4207 Tyson St., Philadelphia, has retired from Landis State Hospital.

**Dr. Joseph Tiracchia**, 9610 Frankford Ave., Philadelphia, is the Director of the Munier Mandolin and Guitar Society, a group of lay musicians from all professions who perform throughout the Delaware Valley. During this past summer season the Society played to audiences in Philadelphia's Rittenhouse Square.

### 1929

**Dr. Mario A. Castallo**, 1621 Spruce St., Philadelphia, participates each Tuesday in the Jefferson radio program "You and Your Health."

### 1931

**Dr. Nathan Ralph**, 2047 Spruce St., Philadelphia, writes that his son Jonathan is now a sophomore at Jefferson.



*Dr. and Mrs. Elkins '33*

#### A Bequest

\$629,188 has been received by Jefferson Medical College through the estate of **Dr. David W. Kramer**, class of 1912. The funds will be used to establish the David W. Kramer and Bertha I. Kramer Memorial Fund for Clinical Research in Peripheral Vascular Disorders and will be administered by the Magee Professor of Medicine. A lectureship in this subject will be given annually. Dr. Kramer, who was Professor of Medicine at Jefferson, died on May 13, 1969. He was a pioneer in the treatment of both diabetes and vascular diseases.

## class notes

### 1932

**Dr. Stiles D. Ezell**, South Main St., Salem, N.Y., was named Citizen of the Year by his community last Fall. Secretary of the Washington County Medical Society and a past President of the Orange County Medical Society, Dr. Ezell has had a general practice in Salem for many years.

### 1933

**Dr. Murray Elkins**, whose new address is 4601 Bayberry Ln., Ft. Lauderdale, Fl., was honored by his Howard Beach community in New York prior to his recent retirement. The dinner had a unique twist, however, since it was hosted by the priests and nuns of Our Lady of Grace Church and Dr. Elkins is Jewish. The pastor said "it's a small way of expressing our gratitude for his life of service to the members of our parish and to all the people of the community." Dr. Elkins had a general practice there since 1946. He and his wife have two children, a daughter, living in Massachusetts, and a son, **Dr. Robert W. Elkins '65**, an orthopaedic surgeon residing in nearby Miami.

### 1936

**Dr. Martin L. Tracey**, 3575 S. Ocean Blvd., Palm Beach, Fl., is now at the Lakeworth Medical Center. His children have all finished school, and his family now boasts one Ph.D., one M.D., one M.A., two R.N.s and a medical technologist.

### 1937

**Dr. Robert S. Garber** has been elected President and Chief Executive Officer of the Carrier Clinic in Belle Mead, New Jersey. He served as Medical Director of the Clinic from 1958. Dr. Garber is a past President of the American Psychiatric Association and holds academic appointments at Rutgers, Temple and Jefferson Medical Schools.

**Dr. Everett J. Gordon**, 2916 Ellicott Terr., N.W., Washington, D.C., recently wrote a book entitled "A Practical Medico-Legal Guide for the Physician," published by Charles C. Thomas Co. He also received the Benjamin Nichols

# Stanley Conklin: People Were His Specialty

After fifty-three years spent practicing medicine at the Robert Packer Hospital-Guthrie Clinic, Dr. Stanley D. Conklin '20 of Sayre, who retired June 30, 1973, is planning to devote his full time to the care and treatment of a special group of patients.

Unless you're second cousin to a rutabaga, however, or suffer from drooping leaves, you can forget about joining this elite fraternity. His current "patients" are tomatoes, beans, peppers, lettuce, radishes and a wide variety of colorful flowers.

According to a recent survey by a national magazine, over fifty percent of those in the medical profession relax by gardening, entering the "field" full time after retirement. "It's always been a hobby with me," he said, stooping to examine a sprouting bean plant. "I'm a perfect example of the adage, 'You can take the boy off the farm, but you can't take the farm out of the boy.'"

Born in 1894, he lived (and worked) on his father's farm in Rome, spending his free time with his grandfather, Dr. Gustavus Conklin, a general practitioner, as he travelled about the countryside treating the sick. Dr. Conklin was a Jefferson graduate, class of 1862. It was these errands of mercy by horse and buggy or by sleigh in winter, that guided the younger Conklin's footsteps toward a medical career.

"In those days," he recalled, "you could get into medical school right out of high school, and that's exactly what I did." After graduating from Towanda High School in 1913, the farm-boy was taken to Philadelphia by his grandfather and enrolled in Jefferson Medical College.

His sojourn in the "big city" lasted ten days. Accustomed to the open countryside and rolling hills of home, Stanley found the crowded city unappealing and more than a little frightening. Much to his grandfather's disgust, he opted for the simple life and decided to return home.

It was two years before he decided

to give it another try, his determination bolstered by a poor crop year on the farm. His elation at being accepted by the school for the second time was short-lived, however, for he immediately discovered that a drastic change had been made. The state now required every prospective medical student to complete a year of pre-med, an ordeal he would have missed had he stayed on the first time around.

"Medicine has made great advances since then," he acknowledged proudly. Heart surgery, an accepted fact of life today, was barely into the fetal stage of its development at the time Stanley Conklin began his studies. "When the Chief Surgeon (J. Chalmers DaCosta) at Jefferson performed an operation which involved suturing a stab wound in a man's heart, we were all as awe-struck as though we were witnessing the Creation. When the patient walked out of there, hale and hearty, a week later, it became the main topic of our conversation for months."

It wasn't long before Stanley, now a

junior medical student, got his first taste of what "being a doctor" was all about. The occasion was the sudden onslaught of the last nationwide plague this country was to know—the Great Influenza Epidemic of 1918.

"People were dying like flies," he said. "We were dispatched in two-man teams to designated sections of Philadelphia to do what we could, which would've been a lot more if we'd had today's antibiotics."

Graduating in June, 1920, "Dr." Stanley Conklin arrived in Sayre July in the company of three others to begin a one-year internship at the Robert Packer Hospital. (This is gradually being phased out, he explained, since the final year of medical school now gives a student the same basic experience.) He remembers how excited they all were at the prospect of interning under the "Great Man," Dr. Donald Guthrie, who at that time was responsible for the operation of the entire institution as well as heading the surgical-medical staff.

Dr. Guthrie was assisted by five others,



*Dr. Conklin . . . lettuce, radishes and peppers are his patients.*

photo and story courtesy of the Sayre Evening Times.



who constituted the entire medical staff.

The hospital staff included six nurses, and an orderly, and patient capacity at the hospital was, at most, one hundred.

Internship completed, Dr. Conklin set aside his plans to open a private practice when he was asked to remain in residency and assist Dr. Walter Lundblad. The hours were nothing to crow about. "In those days I was still living out in the country and would leave home by horse and buggy at 5:30 in the morning." From Wysox, he took a train to Sayre and usually arrived back at home at night somewhere around 7 o'clock.

When Dr. Lundblad left to take another post in 1922, Dr. Conklin stayed on as acting head of the Internal Medicine Department until January of 1923, when he was appointed permanent Chief of the Medical Staff.

At every opportunity, he confided, he accompanied Dr. Guthrie on consultations to Binghamton, Elmira, Corning, Tunkhannock and other places, often more than one hundred miles distant. "Everyone who knew him will tell you Dr. Guthrie was a brilliant man," he declared, adding that he had more than once assisted his superior during an operation executed on a kitchen table, with no medical equipment other than what they brought with them.

Lacking the convenience of paved roads, they made their house calls in all sorts of weather, hampered by deeply-drifted snow in winter and by gluey mud in the spring. When no passenger trains were available, they frequently talked the railroad station agents into flagging down a freight so they could ride home in the caboose. "That was what made the whole trip," Dr. Conklin smiled fondly. "Those railroad boys served up a good meal—not fancy, but filling."

During World War II, he served as special medical examiner for the Bradford County Draft Board, and believes the war years to be largely responsible for the growth of medical specialization. "Prior to this period the ratio was about eighty percent over twenty percent in favor of general practitioners." These figures have since reversed, he maintained.

Going a step further, he traces the present drastic shortage of qualified doctors in America directly to specialization. "The modern physician doesn't want to be tied down. He wants more time to himself, and achieves this objective by specializing in a certain medical field. The general practitioner, on the other hand, must be constantly available to a number of patients."

But while medical colleges are beginning to encourage young men and women to enter the field of family medicine he explained, pre-med requirements and costs have become prohibitive to otherwise qualified applicants. The schools themselves are unable to train enough new doctors to meet the demand. "Not only are many medical colleges inadequately staffed, but they lack the space to accommodate more than two hundred students.

On another note, he said he would like to see more young women becoming doctors. "The profession long ago ceased to be strictly men's territory. Many people are more comfortable with a woman doctor." In Russia, he added, about eighty percent of the doctors are women.

When mandatory retirement rules required Dr. Conklin to step down as Head of the Department of Medicine July 1, 1964, he continued to handle health examinations at the clinic until his recent full retirement.

During his tenure as a physician, he has held many offices, which includes serving for twenty-eight years as President of the Bradford County Medical Society. Resigning Jan. 24, 1950, he was succeeded by Dr. Dominic S. Motsay, '38 also of Sayre. (Dr. Motsay died in September, 1973).

He also served for five years as Chairman of the Robert Packer Hospital Board of Governors (now known as the Board of Managers); has been a member of the Donald Guthrie Foundation for Education and Research since it first began, serving as President for seven years; and served as an Associate Professor at Hahnemann Medical School, holding classes at Sayre for medical students from Philadelphia.

Besides belonging to the American College of Physicians, the American Board of Internal Medicine and the American Thyroid Association, he has been a Director of the Sayre Public Library and a member of the Executive Council of the General Sullivan Council, Boy Scouts of America.

Both he and his wife of fifty-three years, Vivian, are members of the Sayre Church of the Redeemer, where he served for one year as senior warden and two terms on the vestry.

At seventy-nine, the twinkle is not gone from his eye, and he carries himself as though he were a man of twenty. "All in all, it's been a good fulfilling life," he concluded, gazing out over his garden. "When I decided to become a doctor, I had my doubts. Since then, I've realized it was the right decision; the only one it was possible for me to make."

Award for Community Service from the Medical Society of Washington, D.C. on behalf of the Metropolitan Police Boys Clubs of D.C. for medical services to 20,000 underprivileged boys in the District. Dr. Gordon has been Chairman of the Medical Committee of the Boys Clubs since 1950 and served as President of that organization in 1972.

**Dr. Frederick M. Kenan**, 925 N. Igo Way, Tucson, Az., played golf with classmate **Clyde L. (Joe) Saylor**, who was in Arizona on a brief vacation from his work on Kwajalein Island in the South Pacific. After Dr. Saylor's retirement he plans to settle in Arizona.

## 1938

**Dr. William W. L. Glenn**, 333 Cedar St., New Haven, Ct., received the Gold Heart Award on November 11 from the American Heart Association in Atlantic City. This is the Association's highest honor. Dr. Glenn, Professor of Surgery at Yale University Medical School, was last year's recipient of Jefferson's Alumni Achievement Award.

**Dr. Pincus Sobie**, 220 Alexander St., Rochester, N.Y., writes that his daughter, Andrea, a senior at Washington University in St. Louis, is now applying for admission to Jefferson.

## 1942

**Dr. Edmund T. Hackman**, 1370 Warwick Ave., Warwick, R.I., is serving President of the Rhode Island Medical Society. A former President of the Kent County Medical Society and the Rhode Island Chapter of the American Board of Family Practice, Dr. Hackman is a



*Dr. Hackman '42*

general practitioner in Warwick. He served formerly as Superintendent of Health for the city and as a member of its Board of Mental Hygiene.

## 1943

**Dr. Theodore J. Berry**, 164 Pennsylvania Ave., Bryn Mawr, Pa., has been appointed Clinical Associate Professor of Medicine at Jefferson (Bryn Mawr affiliation).

**Dr. William J. West**, 1350 Runnymede Rd., Dayton, Oh., writes that his son Douglas is a junior at Jefferson, enjoying his education here.

## 1944S

**Dr. David A. Culp**, Highview Knoll, River Heights, R.R. 6, Iowa City, Ia., has assumed the Presidency of the North Central Section of the American Urological Association. Dr. Culp is Professor and Vice-Chairman of the University of Iowa Department of Urology.

**Dr. W. Bosley Manges**, 613 Montgomery School Ln., Wynnewood, Pa., has been promoted to a Clinical Associate Professor of Surgery at Jefferson. Dr. Manges is serving as Treasurer of the Alumni Association.

## 1945

**Dr. Peter J. Savage**, 28 Center Ave., Plymouth, Pa., writes that he now has three sons attending Jefferson: Ken, a senior, and Robert and Donald, freshmen.

## 1946

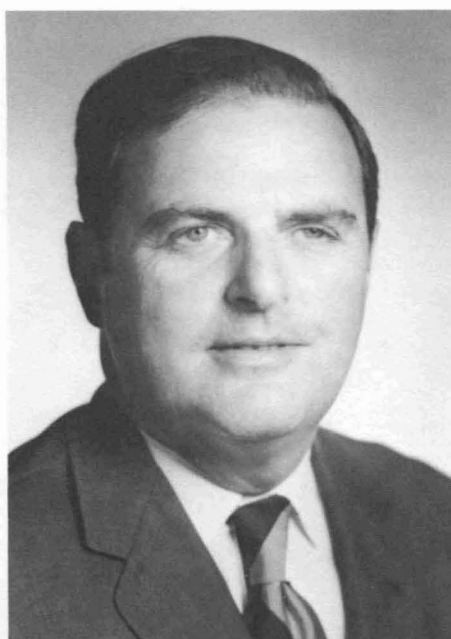
**Dr. Ralph A. Carabasi**, 255 S. 17th St., Philadelphia, is Chairman of the Philadelphia Breast Cancer Task Force of the American Cancer Society. Dr. Carabasi is a Clinical Associate Professor of Medicine at Jefferson.

**Dr. Robert A. Murphy**, 116 Evergreen St., Mt. Holly, N.J., has been appointed Chief of Anesthesiology at Zurlburg Memorial Hospital in Riverside. He is certified by the American Board of Anesthesiologists.

## 1947

**Dr. Robert F. Babskie**, 246 E. Washington St., Nanticoke, Pa., was promoted to the rank of colonel during ceremonies of the 300th Field Hospital of the U.S. Army Reserve this past summer.

**Dr. S. Victor King**, 515 26th St., Altoona, Pa., has been named Director of the



*Dr. Felder '48*

Medical Staff at Mercy Hospital there. Dr. King, an orthopaedic surgeon, also is on the staffs of Nason, Altoona General and Tyrone Hospitals. At Mercy he is Chief of Orthopaedics, Director of the Physical Therapy Department and founder and Chief of the Amputee Clinic.

**Dr. Gail G. L. Li**, 1523 Kalakaua Ave., Honolulu, Hi., writes that he recently spent several days with classmate **James Helsper** in Los Angeles and had pleasant evenings with the **Jack Healys** and the **C. Thomas McChesneys** while they were in Honolulu, respectively attending a medical convention and vacationing. Dr. Li welcomes visits from all classmates coming to Hawaii.

## 1948

**Dr. Edward A. Felder**, 16 Highfield La., Darien, Ct., has been appointed Vice-President for Medical Affairs at Norwalk Hospital. Dr. Felder has been in Darien since completing his military service. For the past twenty years he served as Chief School Physician for the Darien public schools. He is also medical counsel to a number of business firms in the surrounding area. Dr. Felder is President of the Connecticut Academy of Family Physicians; he is a Diplomate of the American Board of Family Practice and a Fellow of the American Academy of Family Physicians. The physician is also active in community affairs. He and his wife Judith have three children.



*Dr. Jacoby '50*

**Dr. Robert L. Gatski**, Superintendent of Danville State Hospital, has been elected to the Advisory Board of Directors of the Fidelity National Bank of Pennsylvania at Danville. He serves as consultant in psychiatry to Geisinger and Bloomsburg Hospitals, Muncy State Correctional Institution and Eastern Federal Penitentiary.

## 1949

**Dr. Stuart W. Hamburger**, 14800 W. McNichols St., Detroit, Mi., had an exhibit titled "Surgical Management of Thyroid Disease" at the Chicago meetings of the American College of Surgeons.

**Dr. Gerald Marks**, 255 S. 17th St., Philadelphia, gave a paper titled "Carcinoma of the Rectum: Sphincter Preservation by the Combined Abdominotranssacral Approach" at the fall meetings of the American College of Surgeons. He also participated in a multidisciplinary panel on fiberoptic colonoscopy presenting "Technic."

## 1950

**Dr. William J. Jacoby, Jr.**, 34 West Ave., Mt. Carmel, Pa., a Rear Admiral in the U.S. Navy, is Chief of Medicine at the National Naval Medical Center in Bethesda and continues to serve in the Bureau of Medicine and Surgery. Dr. Jacoby entered the Navy after graduation

from Jefferson and has proceeded through the ranks in its Medical Corps. He has served as Chief of Medical Service at naval hospitals across the country, and previous to his present position was Chairman of the Department of Medicine and Director of Training and Research at the Naval Hospital in Bethesda.

Dr. Jacoby is certified by the American Board of Internal Medicine and is a Fellow of the American College of Physicians. He holds many service medals and has published widely. He and his wife, Joeann, have two children.

**Dr. Joseph J. John**, 13914 Oak Meadows, Universal City, Tx., has moved into his new home, which is still close to Randolph Air Force Base. He plans to retire from the U.S.A.F. in 1975 and make San Antonio his home.

**Dr. Robert E. Karns**, 61 Plymouth La., Manchester, Ct., is finishing his tenth year as Chief of the Department of Radiology at Manchester Memorial Hospital. He has been practicing in Manchester for seventeen years. He writes that he enjoyed his twentieth reunion and is looking forward to his twenty-fifth.

## 1951

**Dr. Victor F. Greco**, E-Z Acres, R.D. Drums, Pa., was appointed to the Governor's Advisory Committee for the Coal Miner's Respiratory Disease and Rehabilitation Program by Governor Shapp.

**Dr. Willard Y. Grubb**, 143 West Philadelphia Ave., Boyerstown, Pa., closed his office for general practice in November for health reasons. Presently he is salaried staff member at Reading Hospital. Dr. Grubb is Secretary to the Board of Trustees of the Pottstown Medical Center.

**Dr. David A. Levitsky**, 1411 Van Buren St., Wilmington, De., has been appointed Clinical Associate Professor of Pediatrics at Jefferson (Wilmington Medical Center).

## 1952

**Dr. Alvin Merkin**, 42 St. James Ct., Philadelphia, is Chief of the Department of Anesthesiology at John F. Kennedy Hospital in Philadelphia.

**Dr. John G. O'Hurley** has returned to the Hartford, Connecticut area after spending two years in Ft. Lauderdale, Florida. He has opened an office for the practice of ear, nose and throat diseases. His address is Medical Business Management, P.O. Box 629, Manchester, Ct.

## 1953

**Dr. Willard S. Krabill**, 110 W. High Park Ave., Goshen, In., received a Master of Public Health degree at the University of California School of Public Health last June. Dr. Krabill, an obstetrician and gynecologist, is physician to Goshen College there.

**Dr. Robert Poole, III**, 419 N. Franklin, West Chester, Pa., presently is serving as President of the Chester County Medical Society.

**Dr. Joseph W. Simpson**, 2391 Hickory Rd., Plymouth Meeting, Pa., returned in November from a round-the-world trip, after three years in Indonesia where he served as medical officer with an oil company.

## 1954

**Dr. Bernard B. Borkowski**, 2034 Glendale St., Philadelphia, has been promoted to Clinical Assistant Professor of Surgery at Jefferson.

**Dr. John W. Goldschmidt**, Dean of the College of Allied Health Sciences at Jefferson, has been named President-elect of the American Congress of Rehabilitative Medicine. He will assume office next fall.

**Dr. Raymond M. Wargovich**, 2294 Constitution Blvd., Boston, Pa., was elected President of the Southwest Pennsylvania Chapter of Jefferson's Alumni Association at a recent meeting.

## 1955

**Dr. Robert A. Brown**, 35 Pinecrest Dr., Thousand Oaks, Ca., has retired from the Navy at the rank of captain after twenty years of service. His last four years with the military were spent at the U.S. Naval Hospital in San Diego where he was on the teaching staff of the Department of Obstetrics and Gynecology. He is Board certified in his specialty as well as in anesthesiology. Presently he is practicing with a colleague in the Lombard Medical Group, a multi specialty medical group in southern California. He and his wife Helen have three daughters. The oldest is a student in the School of Forestry at Northern Arizona University.

**Dr. Domenic F. Coletta**, 645 Moreno Rd., Penn Valley, Pa., has been elected Chairman of the Medical Advisory Board of Damon Corporation. In addition he is a member of the Corporation's Board of Trustees. As a result of an agreement with a group of Swedish scientists who have extracted an antigen associated with tumors, Dr. Coletta's interest has been

focused in the research and development in tumor immunology. He and his wife have six children.

## 1956

**Dr. William D. Bacon**, 17252 13th Ave., N.W., Seattle, Wa., was elected Chairman of the Washington State Chapter of the Association of American Physicians and Surgeons.

**Dr. Warren M. Levin**, 140 Joralemon St., Brooklyn, N.Y., has been appointed to the Board of Governors of the International College of Applied Nutrition. He will continue his practice in Brooklyn and Staten Island.

**Dr. James H. Loucks**, 301 Hawthorne Ave., Haddonfield, N.J., President of the Crozer Chester Medical Center, has been elected Treasurer of the Board of Directors of the Regional Comprehensive Health Planning Council of South-eastern Pennsylvania. He also will serve as Chairman of the Delaware County Health Planning Committee.

**Dr. Edward D. McLaughlin**, 240 W. Chestnut Hill Ave., Philadelphia, has been promoted to Associate Professor of Surgery at Jefferson (Mercy Catholic Medical Center). He is Chief of Surgery at Misericordia Hospital.

**Dr. Anthony F. Merlino**, 655 Broad St., Providence, R.I., has been elected President-elect of the Medical Staff at St. Joseph's Hospital in Providence. Dr. Merlino is an orthopaedic surgeon.

## 1957

**Dr. Gerry T. Cousounis**, 550 Jamestown St., Philadelphia, was honored by the twenty-first Ward Community Council at a dinner last fall. He was named Man of the Year. Dr. Cousounis is Chairman of the Board of the Roxborough YMCA.

**Dr. Raymond G. Tronzo**, 247 Winding Way, Merion Station, Pa., Director of the Hip Clinic at the Hospital of the University of Pennsylvania, is the editor of and major contributor to a new textbook titled "Surgery of the Hip Joint." The book emphasizes surgical techniques rather than medical or theoretical aspects of hip disease in children and adults. Forty orthopaedic surgeons have contributed to its publication.

## 1958

**Dr. Joseph T. English**, 7 Valley Rd., Bronxville, N.Y., has been appointed Director of the Department of Psychiatry at St. Vincent's Hospital in New York. Dr. English served as President of the



city's Health and Hospitals Corporation before his resignation in September.

**Dr. David J. Jones, III**, 1455 Virginia Ave., York, Pa., is Director of Community Medicine at York Hospital and serves as Program Director of the York Health Corporation. He is an Associate Professor of Medicine at the University of Maryland School of Medicine. Dr. Jones recently accepted the post of Chairman of Annual Giving at Grove City College.

**Dr. Joel L. Seres**, 2800 N. Vancouver Ave., Portland, Or., is the Medical Director of the Portland Pain Rehabilitation Center.

## 1959

**Dr. Harold E. Bauer**, has been appointed to the staff of Memorial Hospital in Easton, Pennsylvania. Dr. Bauer, a pathologist, resides in Easton with his wife and five daughters.

**Dr. William A. Steinbach**, 741 S. Main St., Athens, Pa., has been named co-chief of the Section of Orthopaedic Surgery at the Gutrie Clinic and Robert Packer Hospital. Dr. Steinbach's special interests lie in reconstructive joint surgery involving the hand, hip and knee.

## 1960

**Dr. Rudolf W. Bee**, 99 W. Main St., New Britain, Ct., is in the private practice of

ophthalmology in suburban Hartford, with offices in New Britain and Bristol. He was Board certified in ophthalmology in 1969 and is a Fellow in the Royal College of Surgeons (Canada). He teaches occasionally at the University of Connecticut Medical School. "Hope to see everybody in 1975, at our 15th reunion."

**Dr. Jack Bocher**, Lafayette Pl., R.D. 2, Box 45-D, Chadds Ford, Pa., was elected Chief of the Medical Staff of Chester County Hospital in West Chester Pennsylvania.

**Dr. Ernest M. Gordon**, 7860 Oakfield Ln., Philadelphia, is a third year resident in general surgery at Nazareth Hospital in Philadelphia.

**Dr. Jerome J. Katchman**, 29 Merion Rd., Merion Sta., Pa., will finish his dermatology residency at Jefferson in July 1974. Then he will return to Norristown, Pennsylvania to practice.

**Dr. Vincent T. McDermott, Jr.**, 1533 Haddon Ave., Camden, N.J., has been appointed a Clinical Instructor of Medicine at Jefferson (Our Lady of Lourdes).

**Dr. James R. Ramser**, 480 Andergren Dr., Harrisonburg, Va., was the President of the Rockingham County Medical Society for 1973 and the President of the Rockingham Memorial Hospital staff for 1974. He was Board certified in orthopaedic surgery and is in practice in partnership with two other physicians.

## 1961

**Dr. David W. Knepley**, 110 Robin La., Bloomsburg, Pa., is in the practice of radiology at Bloomsburg Hospital. He passed his boards in radiology and radiotherapy last December. He has recently bought a new home.

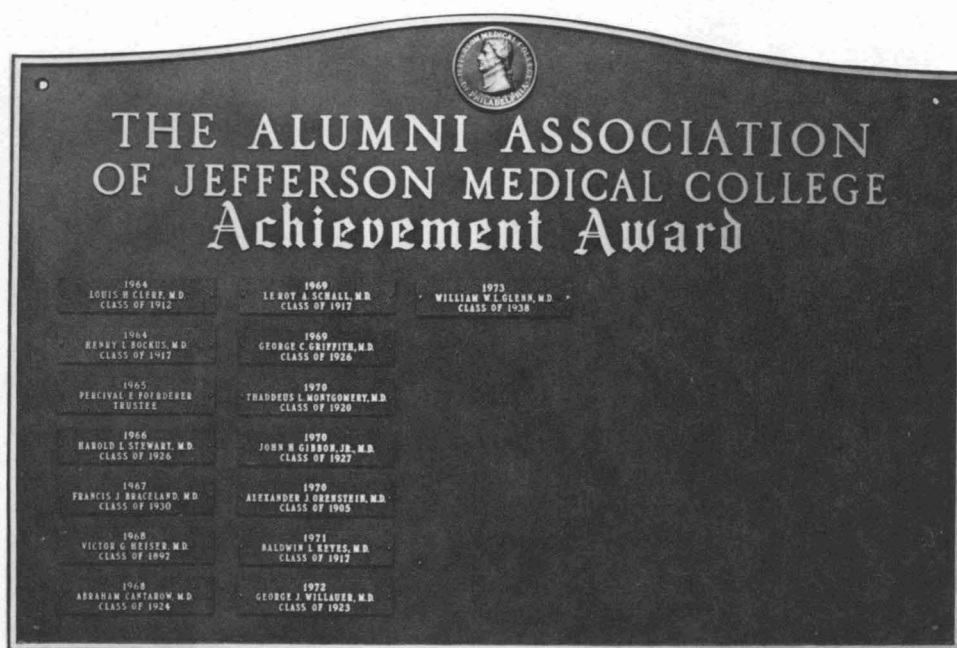
**Dr. John P. Lesniak**, 311 Stone Ave., Clarks Summit, Pa., has been made a Diplomate of the American Board of Psychiatry and Neurology. He is currently the Director of Forensic Psychiatry at the Clark's Summit State Mental Hospital and is engaged in private practice in Clarks Summit. He and his wife, Madelyn, have five children.

**Dr. Harold L. McWilliams, Jr.**, Paoli Memorial Medical Bldg., Paoli, Pa., has been appointed to the staff of Paoli Memorial Hospital. Dr. McWilliams is in general practice.

**Dr. Arthur N. Meyer**, 186 Joseph Dr., Kingston, Pa., is Chief of the Department of Medicine and Cardiology at Wyoming Valley Hospital. A Diplomate of the American Board of Internal Medicine, he is on the staffs of Mercy Hospital and several other area hospitals.

## 1962

**Dr. Michael A. Bloom**, 8 Lavenham Ct., Cherry Hill, N.J., has been promoted to



The Alumni Achievement Award plaque, presented to Jefferson by the Alumni Association, hangs in the west foyer of Jefferson Alumni Hall. The plaque bears the names of Achievement Award recipients, who will be honored at the Alumni Association's March 1 dinner and meeting at the Union League.

Clinical Assistant Professor of Medicine at Jefferson (Cooper Hospital affiliation.)

**Dr. Mario J. Sebastianelli**, 176 Constitution Ave., Jessup, Pa., is Chief of Nephrology and Director of the Hemodialysis Center at the Moses Taylor Hospital in Scranton. He was honored recently for his work in setting up the renal dialysis center and for training families in the procedures of connecting and monitoring dialysis equipment at home. Dr. Sebastianelli also has been appointed to the Renal Advisory Committee of the State Department of Health.

**Dr. Jerome J. Vernick**, 2821 Midvale Ave., Philadelphia, has been appointed a Clinical Assistant Professor of Surgery at Jefferson. He is also in the practice of general surgery with his classmate **Melvin Moses** and **Gerald Marks '49**. He is married to the former Sandy Barenbaun, who is practicing law in Center City, and they have two children, Michael and Adam, ages 4 years and 14 months respectively. "Aside from the impressive accumulation of buildings and other expanded facilities, it seems that Jefferson has not changed basically in the last ten years. I might add that I am grateful

for this, as the emphasis at Jefferson has always been primarily the training of physicians who will care for patients."

## 1963

**Dr. James E. Barefoot**, Alum Bank, Pa., has been named a Fellow of the American Academy of Family Physicians. He is a member of the medical staff of Windber Hospital and Wheeling Clinic, as well as a member of the Alum Bank Medical Associates.

**Dr. Francis A. Breen, Jr.**, 308 Mt. Alverno Rd., Media, Pa., has been named Director of Hematology and Clinical Oncology at Mercy Catholic Medical Center.

**Dr. Gerald A. Gryczko**, 129 Washington St., Scranton, Pa., is a Diplomate of the American Board of Orthopaedic Surgery. He has a private practice in Scranton in orthopaedic and hand surgery. He is also associated with several area hospitals.

## 1964

**Dr. A. Gordon Brandau, Jr.**, 2656 Regency West, Tucker, Ga., has been appointed an Assistant Professor of Medicine

(cardiology) at Emory University School of Medicine. He will work at the Veterans Administration Hospital in the Division of Cardiology and will assist in the physician associate program.

## 1965

**Dr. Harvey J. Bellin**, 119 Green Vale Ct., Cherry Hill, N.J., has been appointed an Instructor of Pathology at Jefferson (Cooper Hospital).

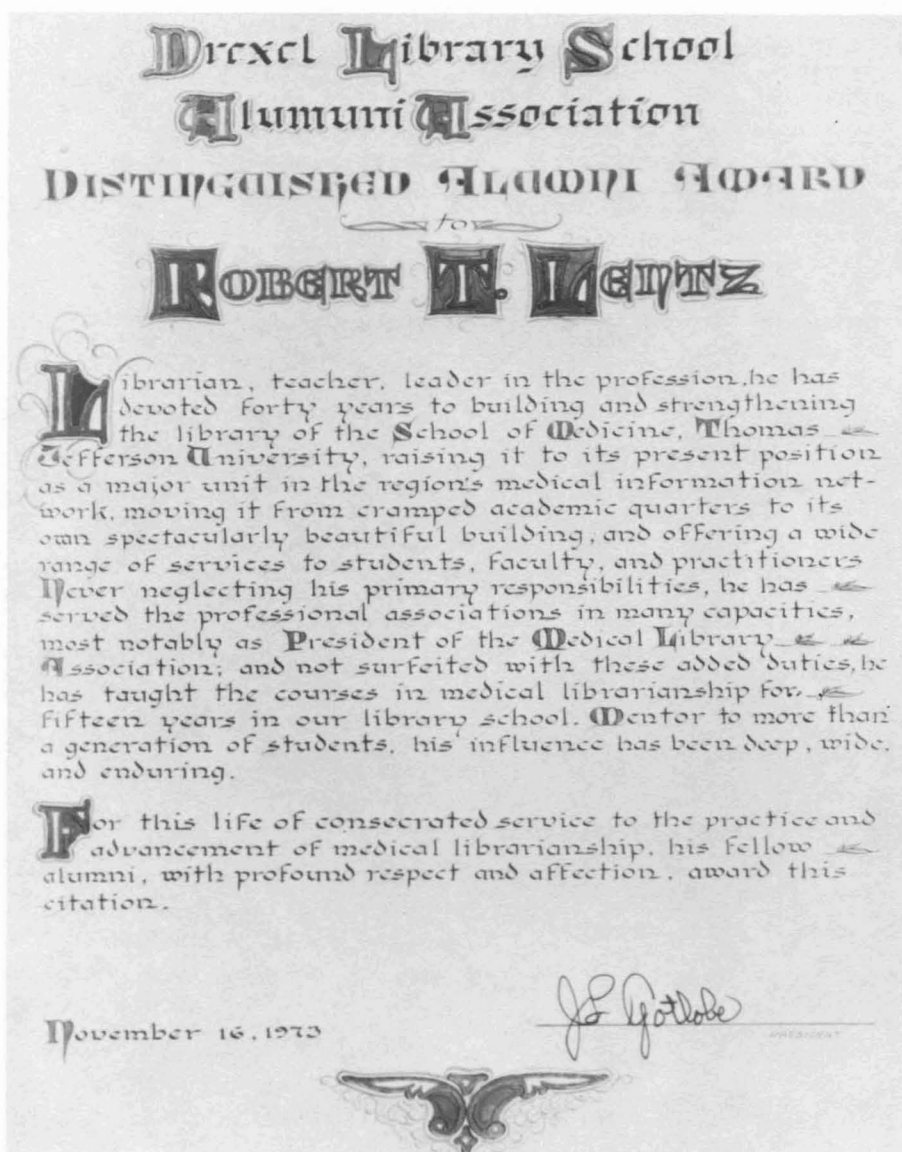
**Dr. Robert M. Cohen**, 645 Lombard St., Philadelphia, a specialist in neurosurgery, has joined the medical staff of Rancocas Valley Hospital in Willingboro, New Jersey. He recently completed two years at the Naval Hospital in Philadelphia.

**Dr. Joseph P. Leddy** has joined an orthopaedic practice with two associates at 7 Wirt St., New Brunswick, N.J. He was associated with Dr. Joseph H. Boyes as a Fellow in hand surgery at the Los Angeles Orthopaedic Hospital in 1970-1971 and then served two years in the Air Force.

**Dr. Raphael K. Levine**, 171 Lake St., Englewood, N.J., has been appointed



*Thomas Eakins medal, designed by Leonard Baskin for the benefit of the Eakins House Restoration Fund. Produced in sterling silver by the Franklin Mint, the medal was cast in a limited edition of 1000. The Eakins medal may be purchased for \$100 through the offices of the Fidelity Bank in Philadelphia. All proceeds go to the Eakins House Restoration Fund. The house is located at 1729 Mount Vernon Street.*



Jefferson Librarian Robert T. Lentz was honored by the Drexel Library School Alumni Association last fall, when he received the Distinguished Alumnus Award. Mr. Lentz, Head Librarian at Jefferson since 1949 and Professor of Medical Bibliography and Library Science, is serving as President elect of the organization.

Chief of the Pediatric Surgical Service at New York State Rehabilitation and Research Hospital in West Haverstraw.

**Dr. Thomas D. Sheppard**, 10 Maple Ave., Newton, N.J., has completed his residency in orthopaedic surgery and has joined Dr. John DeYoung in Orthopaedic Associates of Northwest New Jersey. He and his wife have two boys, 5 and 2.

**Dr. John O. Taylor**, 912 Liberty St., Meadville, Pa., has opened an office for the practice of general surgery at 843 Park Ave. He and his wife have two daughters, 6 and 2.

**Dr. Richard P. Wenzel**, P.O. Box 370, University of Virginia School of Medicine, Charlottesville, Va., has been elected a Fellow of the American College of Physicians. He writes that he and his wife Jo Gail are enjoying life at the University of Virginia.

## 1966

**Dr. George L. Adams**, 10324 Toledo Circle, Bloomington, Mn., is an Assistant Professor of Otolaryngology at the University of Minnesota and is on the staff at University and Minneapolis Veterans Administration Hospitals. He completed his tour of duty with the Navy last summer.

**Dr. Joseph B. Blood, Jr.**, has been named an Associate in Internal Medicine at the Gutrie Clinic and Robert Packer Hospital in Sayre, Pennsylvania. He is certified by the American Board of Internal Medicine and is a member of the American College of Physicians.

**Dr. James S. Dyer**, 12672 E. Bates Cle., Denver, Co., is a third year resident in pathology at Presbyterian Medical Center in Denver.

**Dr. James A. Letson, Jr.**, has completed his residency in Otorhinolaryngology at Ohio State Medical School and has opened a private practice in Saginaw, Michigan. His new address is 52105 Pheasant Run Drive. He and his wife have a son and daughter.

**Dr. Joseph Lipinski** was married in September to Miss Burnet B. Summer, a doctoral candidate at Smith College of Social Work. The couple will reside in Cambridge, Massachusetts. Dr. Lipinski is an Instructor in Psychiatry at Harvard Medical School and an Assistant at the Massachusetts General Hospital where he served his residency.

**Dr. John P. Pacanowski**, 612 S. Main St., Athens, Pa., has been named an Associate in Pediatrics at the Guthrie Clinic and Robert Packer Hospital in Sayre. Prior



to his appointment he was in private practice in Baltimore and was an Instructor at Johns Hopkins University and the University of Maryland Medical School.

**Dr. Paul A. Pupi** has joined two Jefferson graduates, **Dr. William P. Coghlan '47** and **Dr. Vincent D. Cuddy '57** in a surgery practice in Beaver Falls, Pa. He completed his residency in general and thoracic surgery at Jefferson. He and his wife are residing at Ponderosa Estates.

**Dr. Carl R. Steindel**, Box 594 R.D. #4, Moscow, Pa., has joined Dr. Samuel R. Todara and **Dr. Gerald A. Gryczko '63** in an orthopaedic surgery practice at the Connell Building, Scranton. Dr. Steindel completed his residency last year at Jefferson.

**Dr. Michael D. Strong**, 90 Knollwood Dr., Cherry Hill, N.J., is a cardio-thoracic resident at Temple University Hospital. A son, Michael David, was born October 15.

## 1967

**Dr. Allan M. Arbeter**, 471 Barker Rd., Springfield, Pa., has been appointed an Instructor of Pediatrics at Jefferson (US Naval Hospital.)

**Dr. G. Thomas Balsbaugh**, 2310 William View Dr., Harrisburg, Pa., passed his radiology boards and has joined Tristan Associates at Polyclinic Hospital in Harrisburg.

**Dr. Joseph P. Chollak, Jr.**, 184 Brookside Dr., Medford, N.J., is in a group family practice there. He and his wife have two children.

**Dr. George H. Hughes**, 2075 27th Ave., Eugene, Or., has opened an office at 2460 Willamette St. in Eugene for the practice of family medicine. He is in association with four other physicians.

**Dr. Gary L. Wolfgang** is a resident in orthopaedic surgery at the State Hospital for Crippled Children at Elizabethtown, Pennsylvania. He and his wife are residing in the hospital apartments.

## 1968

**Dr. John C. Baylis**, Coachmen East, Apt. 3410, Lindenwold, N.J., has been appointed an Instructor of Pathology at Jefferson.

**Dr. Jay B. Berger**, 1371 Armstrong Rd., Bethlehem, Pa., has joined Dr. William Reppert in the practice of internal medicine at 1059 Seneca St., there. Dr. Berger left the Air Force with the rank of major.

**Dr. Irving S. Colcher**, 2660 Shady Ln., R. D. #2, Lansdale, Pa., has joined two other physicians in the Lansdale Medical Group. Dr. Colcher, a pediatrician, was Chief of that service at Kirk Army Hospital in Aberdeen, Maryland prior to his new association.

**Dr. F. Susan Cowchock**, 931 Ridley Creek Dr., Media, Pa., has been appointed an Instructor of Medicine at Jefferson.

**Dr. Charles J. Zwerling**, 218 Chandler Rd., Goldsboro, N.C., is one of two surgeons at Seymour Johnson Air Force Base in Goldsboro.

## 1969

**Dr. Judith Cooper Anderson**, Box 3336 Duke Hospital, Durham, N.C., completed her internship and residency in internal medicine at Duke in 1971 and became a Fellow in Cardiology (research) for one year. She will complete a National Hemophilia Foundation Research Fellowship in June, 1974, after which she will become a Staff Associate at the NIH. She passed her boards in internal medicine last June. Dr. Anderson married Dr. Dana Kimball Anderson in December, 1970; he will also become a Clinical Associate at the NIH after completing a general surgery residency. The couple has one daughter, Ashley Cooper, born on September 10, 1973.

**Dr. Alan S. Bricklin**, 1140 Sea Gull Ln., Cherry Hill, N.J., has been appointed an Instructor of Pathology at Jefferson (Cooper Hospital).

**Dr. Martin J. Durkin**, 2009 Townline Way, Norristown, Pa., was married in October to Miss Mary J. R. Palmieri. Dr. Durkin completed his residency in psychiatry at Norristown State Hospital and presently is in private practice.

**Dr. Peter M. Farmer**, 2016 Spring Garden St., Philadelphia, has been appointed an Instructor of Neurology at Jefferson (Wilmington Medical Center).

**Dr. Alexander Gellman**, 57 Lake Shore Dr., Rockaway, N.J., is the Chief Resident in urology at New Jersey Medical School. He will enter private practice in July in South Orange, N.J. He and his wife, Donna, have a son, William Scott, born in April of 1973.

**Dr. John J. Keveney, Jr.**, 3700 Reiff Pl., Reiffton, Reading, Pa., has been appointed a Clinical Instructor of Medicine at Jefferson.

**Dr. Furey A. Lerro**, 7 Oakwood Dr., Maple Shade, N.J., will complete a psychiatric residency at Temple

University in June, following which he will begin duty with the U.S. Army.

**Dr. James V. Mackell, Jr.**, 1253 Burnett Rd., Huntingdon Valley, Pa., is an orthopaedic surgery resident at Jefferson.

**Dr. Lee A. Malit**, 128 Duval La., Apt. 206, Gaithersburg, Md., has completed his residency in anesthesiology at The Hospital of the University of Pennsylvania and is currently at the National Institutes of Health as a lieutenant commander in the Department of Anesthesiology.

**Dr. Vincent T. Randazzo**, 3719 Seville Dr., Alexandria, La., entered the Air Force in July, 1973 and is stationed at England AFB in Alexandria, Louisiana. He was certified by the American Board of Internal Medicine this past year.

**Dr. Kenneth G. Terkelsen**, 121 Harmon Ave., Pelham, N.Y., is a Fellow in the Division of Social and Community Psychiatry at Bronx State Hospital and the Albert Einstein College of Medicine. He and his wife recently had a second child, Erin.

## 1970

**Dr. Paul H. Douglass**, 1927 Queenswood Dr., York, Pa., was married September 1 to Miss Cynthia L. Spicher. Dr. Douglass is Chief Resident in Obstetrics and Gynecology at York Hospital.

**Dr. Fred A. Mettler, Jr.** finished his tour as hospital radiologist at Forbes Air Force Base Hospital in Topeka, Kansas, in December and resumed his residency in diagnostic radiology at Massachusetts General Hospital in January.

**Dr. Paul M. Selinkoff**, USAF Hospital, P.O. Box 1256, APO N.Y., has been stationed at the San Vito dei Normanni Air Force Base Hospital in Brindisi, Italy for the past year. His wife writes "our two children, 4 and 2½, have not heard yet that a good meal may begin without

### Basic Sciences Sesquicentennial Celebration

A special Sesquicentennial symposium on the basic sciences will be held at Jefferson March 8 and March 11. Keynote speaker is Dr. Robert Ebert, Dean of the Harvard Medical School, who will discuss the Role of Basic Sciences in Medicine on Friday, March 8. Two other scientists, Dr. Bert W. O'Malley and Dr. John Paul, are the featured speakers for March 11.

pasta." Dr. Selinkoff will begin a surgical residency when he returns in '74.

**Dr. Charles A. Walters**, Royal Garden Apts., 3030 N. 14th St., Phoenix, Az., is in a pediatric residency there.

**Dr. Calvin L. Weisberger**, English Village, North Wales, Pa., has received a \$5,000 Fellowship from the Southeastern Pennsylvania Chapter of the American Heart Association. His project, under Dr. Leslie Wiener at Jefferson is "Therapeutic Efficacy of a Hemodynamically Correlated Cardiac Rehabilitation Program following Acute Myocardial Infarction."

## 1971

**Dr. Louis J. Borucki**, 1264 SW. Cheltenham St., Portland, Or., will complete his medicine residency as Chief Medical Resident and Instructor in Medicine at the University of Oregon-Veterans Administration Hospital in July of '74. He and Nancy will travel abroad before starting a renal fellowship in '75.

**Dr. Theodore G. Probst**, 1317 Carmen Ave., Jacksonville, N.C., is assigned to the 2nd Marine Division at Camp Lejeune, North Carolina.

**Dr. Gregory J. Salko**, 292 Canaan St., Carbondale, Pa., was married in August to Miss Donna M. Nurkiewicz. He is practicing in White's Crossing.

## 1972

**Dr. Wallace F. Benjamin** has been awarded the Pennsylvania Meritorius Service Medal for his work during the Wilkes-Barre floods in 1972. He currently is an Emergency Room physician at the Robert Packer Hospital in Sayre, Pennsylvania.

**Dr. Francis J. Braconaro** is a resident in internal medicine at the Reading Hospital in Reading, Pennsylvania. He and his wife have a one-year-old daughter.

**Dr. William L. Bressler** has been assigned to the Juniata Valley Medical Center in Alexandria, Pa., by the National Health Service Corps. Dr. Bressler took his internship at Geisinger Medical Center.

**Dr. William H. Brubaker** has remained in Denver to take his residency in internal medicine at the Presbyterian Medical Center. His home address is 2050 Franklin St., Denver.

**Dr. Dennis J. Cleri**, 1563 E. 33rd St., Brooklyn, N.Y., was married in August to Miss Carol A. Beck. Dr. Cleri is a first year resident at Coney Island Hospital in Brooklyn.

**Dr. Alan S. Friedman**, 1925 Eastchester Rd., Apt. 2E, Bronx, N.Y., announces with

his wife the birth of their first child, Eric Saul, on July 16. Dr. Friedman is a radiology resident at Bronx Municipal Hospital Center.

**Dr. Richard F. Garnet, Jr.**, 119 Florence Rd., Apt. 2C, Branford Ct., is in his first year's residency at Yale University, Yale-New Haven Hospital. He and his wife Beverly announce the birth of a son, Jonathan Pruett, on November 9, 1973.

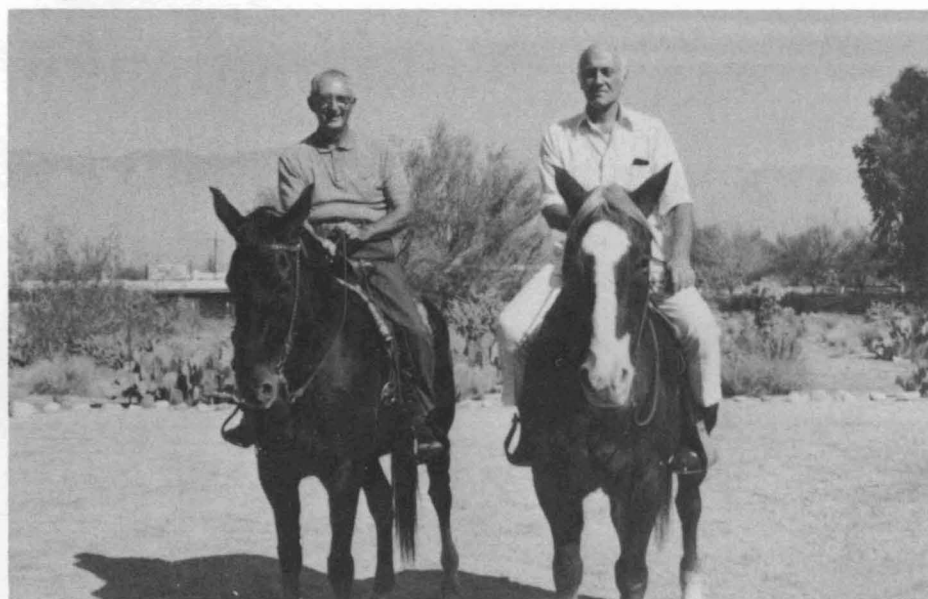
**Dr. Stephen H. Smith**, 9 Peabody St., Boston, Ma., is in a surgical residency at Boston University Hospital and will continue in orthopaedics. He and his wife have a daughter, Alexis.

**Dr. Robert E. Steward**, R.D. 6, Danville, Pa., writes that his second son, Dwight Williams, was born on July 6, 1973. He is continuing a general surgery residency at the Geisinger Medical Center in Danville.

## 1973

**Dr. Lawrence J. Howard** was married September 1 to Miss Patricia Gehris.

## chapter notes



*Dr. Paul A. Bowers '37, (right) President of Jefferson's Alumni Association, enjoys ranch facilities of host and classmate Dr. Frederick M. Kenan during a visit with Tucson area alumni. On the same fall trip Dr. Bowers spoke at dinners in Los Angeles and Honolulu. The Connecticut Chapter held its annual meeting in November and had Dr. Abraham E. Rakoff '37 as special guest and speaker. Dr. George A. F. Lundberg, Jr., '53 was elected Chapter President. The Washington D.C. Chapter held a January sports event and dinner at the new capital Stadium, a new type of programming for those area alumni.*

## graduate school

**Dr. Frederick D. DeMartinis** has been named Acting Chairman of the Department of Biochemistry-Physiology at the Medical College of Pennsylvania. He received his doctorate from Jefferson in 1959. Dr. DeMartinis also received the Christian R. and Mary F. Lindback Award for Distinguished Teaching in '65.

**Dr. Walter W. Baker**, 905 Stratford Ave., Melrose Park, Pa., has been promoted to Professor of Pharmacology (Primary) at Thomas Jefferson University's Graduate School.

**Dr. John A. Coppola**, who received his doctoral degree in 1963, has been appointed Director of Medical Education for the Schering Laboratories of Schering Corporation. He previously held the position of Group Leader for the Lederle Laboratories. Dr. Coppola has published widely in his field, and holds membership in the Endocrine Society, the American Society of Pharmacology and Experimental Therapeutics and the Society for the Study of Reproduction.

**Dr. William M. Troetel**, 39 Swarthmore Ave., Stratford, N.J., is an Assistant Professor of Pharmacology at Jefferson.

# Obituary

## **Albert H. Wilkinson, 1912**

Died May 16, 1973 at the age of eighty-four. Dr. Wilkinson served on the faculty of the University of Florida College of Medicine in Gainesville, Florida. He was affiliated with St. Luke's, St. Vincent's and Baptist Memorial Hospitals, and was in private general practice.

## **Harold S. Babcock, 1916**

Died November 12, 1973 at the age of eighty-five. A general practitioner in Castine, Maine, Dr. Babcock had been a founder and was Chief of Staff of the Castine Community Hospital from 1929 until his retirement in 1959. He is survived by his wife, Martha, a son and a daughter.

## **Solon L. Rhode, 1916**

Died November 26, 1973. The retired physician lived in Lemoyne, Pennsylvania.

## **Henry L. Cook, 1918**

Died June 11, 1973. The retired physician lived in North Carolina.

## **George Cordonna, 1919**

Died October 2, 1973 at the age of seventy-seven. A retired heart specialist, Dr. Cordonna was a staff physician at Montgomery Hospital in Norristown. He established that institution's first heart station in 1944 and was named Chief Cardiologist, which post he held until his retirement in 1969. He was also a staff physician at Pennsylvania Hospital.

## **Mayo Robb, 1919**

Died October 20, 1973. The retired physician who resided in LaJolla, California, is survived by his wife, Catherine.

## **Glenn R. Frye, 1921**

Died September 9, 1973 in Hickory, North Carolina. The seventy-nine-year old surgeon had remained in practice until shortly before his death. From 1934 to 1969 he owned the Richard Baker Hospital in Hickory. A Fellow of the American College of Surgeons, he had held various positions of responsibility in state, county and national medical societies. He was active in civic affairs and in

the alumni association of Lenoir Rhyne College. Dr. Frye is survived by his wife, Barbara and three daughters.

## **Howard G. Lafferty, 1921**

Died July 17, 1973 at the age of seventy-nine. A former President of the Mercer County Medical Society in Pennsylvania, Dr. Lafferty served as Medical Director at Westinghouse Electric Corporation from 1926 until 1959. During that time he also maintained a general practice. He is survived by his wife, Rose Marie, and a daughter.

## **Malory A. Pittman, 1921**

Died August 24, 1973. Dr. Pittman had been in the practice of general surgery in Wilson, North Carolina.

## **Michael G. O'Brien, 1925**

Died September 28, 1973. A retired urologist in the Scranton area, Dr. O'Brien served as President of the Lackawanna County Medical Society in 1949. He is survived by his wife, a daughter and five sons, one of whom is Dr. Thomas G. O'Brien '56.

## **Pascal F. Lucchesi, 1926**

Died November 16, 1973 at the age of sixty-nine. A former Vice-President and Medical Director of Albert Einstein Medical Center and a former Medical Director of Philadelphia General Hospital, Dr. Lucchesi was a past President of the Philadelphia County Medical Society and a former member of the Board of Education. He served on the teaching staffs of Hahnemann Medical College, where he was Professor of Public Health and Preventive Medicine, Temple University School of Business Administration and the University of Pittsburgh's Graduate School of Public Health. Dr. Lucchesi is survived by his wife, Katherine, and four daughters.

## **James J. McMahon, 1927**

Died August 15, 1973. Dr. McMahon had a general practice in Wilkes-Barre, Pennsylvania.

## **Charles M. Graham, 1929**

Died April 29, 1973. Dr. Graham was

## **William B. McKenna, 1905**

Died June 18, 1973 at the age of ninety-one. Dr. McKenna, formerly Chief of Surgery at Pittsburgh Hospital, was a Fellow of the American College of Surgeons. He is survived by his wife, three daughters and two sons.

## **Fred R. Burnside, 1909**

Died October 5, 1973. Dr. Burnside had practiced in Frazeyburg, Ohio from 1913 to 1964. A widow survives him.



a general practitioner in Clio, South Carolina.

**Francis G. Miller, 1929**

Died June 7, 1973 at the age of sixty-nine. A resident of Wallingford, Pennsylvania, Dr. Miller was a Fellow of the American College of Obstetricians and Gynecologists. He is survived by his wife and two sons.

**David Zipin, 1930**

Died September 16, 1971. Dr. Zipin had a general practice in Philadelphia.

**William J. Hinkson, 1932**

Died September 10, 1973. Dr. Hinkson was a general surgeon in New Castle, Pennsylvania. He was a past President of the Jamestown Memorial Hospital Medical staff and a past President of the Lawrence County Medical Society. He is survived by his wife, Thelma.

**Donald A. Morrison, 1932**

Died July 28, 1973. Dr. Morrison was a psychiatrist in Chicago.

**John Unger, 1932**

Died July 16, 1973 at the age of sixty-four. Certified by the American Board of Pathology, Dr. Unger, was affiliated with the Brookville, Maple Avenue and DuBois Hospitals in DuBois, Pennsylvania.

**MacLean B. Leath, Jr. 1933**

Died September 16, 1973. Dr. Leath practiced otolaryngology in High Point, North Carolina.

**Ovid F. Pomerleau, 1934**

Died September 1, 1973. A resident of Waterville, Maine, Dr. Pomerleau practiced surgery there and served on the staffs of several area hospitals. He is survived by his wife, Florence, a son and two daughters.

**Clarence Cohn, 1938**

Died June 1, 1971. Dr. Cohn was Director of the Division of Nutritional Sciences at Michael Reese Hospital and Medical Center in Chicago. He also served as an Associate Professor of Clinical Pathology at Chicago Medical School.

**Dominic S. Motsay, 1938**

Died September 28, 1973 at the age of

sixty-one. The Medical Director of the Guthrie Clinic in Sayre, Pennsylvania, Dr. Motsay had served as Chief of its Pediatric Section. He had also been a Clinical Professor of Pediatrics at Hahnemann. Certified by the American Board of Pediatrics and a Fellow in the American Academy of Pediatrics, he also conducted a private practice in Ulster. Surviving are his wife, Helen, three sons and two daughters.

**Isaac L. Messmore, 1940**

Died 1973. A member of the staff at Geisinger Medical Center since 1948, Dr. Messmore was a Diplomate of the American Board of Obstetrics and Gynecology, a Fellow of the American College of Obstetricians and Gynecologists and a Fellow of the American College of Surgeons. He was active in civic affairs in Riverside, Pennsylvania. He is survived by his wife, two sons and a daughter.

**Martin Chomko, 1944S**

Died October 4, 1973. An obstetrician-gynecologist, Dr. Chomko had been a staff member of St. Peter's Hospital in East Brunswick, New Jersey. He was a member of the East Brunswick Board of Health and a Fellow of the American College of Obstetricians and Gynecologists. He is survived by his wife, a son and a daughter.

**William J. Hargreaves, 1946**

Died October 21, 1973 at the age of fifty-one. An obstetrician-gynecologist, Dr. Hargreaves was a past President of the Cambria County Medical Society. He was Chairman of the Department of ObG at Memorial Hospital in Johnstown, Pennsylvania and was a past President of the staff. He was a Diplomate of the American Board of Obstetricians and Gynecologists and a Fellow of the American College of Obstetrics and Gynecology. In 1965 the local Jaycees chose him as Johnstown's outstanding man of the year. He is survived by his wife, a son and two daughters.

**John P. Luhr, 1946**

Died June 15, 1973 at the age of fifty. He was Chief of Ophthalmology at

Kenmore Mercy Hospital and the Emergency Hospital of the Diocese of Buffalo, and an Associate Attending Ophthalmologist at General Hospital. Dr. Luhr was a Diplomate of the American Board of Ophthalmology, a Fellow of the American College of Surgeons and a member of the American Academy of Ophthalmology and Otolaryngology.

**Stanley Dannenberg, 1951**

Died August 27, 1973. Dr. Dannenberg, a radiologist in New York, was certified by the American Board of Radiology and the American Board of Nuclear Medicine. He was a Fellow of the American College of Radiology and was affiliated with Bellevue and Brookdale Hospitals. Dr. Dannenberg, active in the work of the Alumni Association, had served as President of the New York City Jefferson Chapter. He is survived by his wife, Rhoda, two children, a sister and a brother, **Dr. Marvin Dannenberg, '54.**

**Louis C. Costanza, 1952**

Died October 3, 1973 at the age of forty-five. One of the founders of Memorial Hospital in Jacksonville, Florida, Dr. Costanza was also Medical Director of the Respiratory Therapy Department there. A native of New Jersey, Dr. Costanza moved to Florida sixteen years ago. He is survived by his wife, Mary, four daughters and three sons.

**William T. Condefer, 1955**

Died September 14, 1973 at the age of forty-four. He was trained as a pathologist, but had recently become an industrial physician with Bethlehem Steel Corporation. He is survived by his wife, Celia, a daughter and four sons.

**John S. Welton, 1958**

Died September 23, 1973. Dr. Welton was a specialist in internal medicine, who had been in private practice in Carmel, California until recently when he joined the staff of a Veterans Administration Hospital in Pittsburgh. Surviving are his mother and three brothers.

- A. Old Main
- B. Thompson
- C. Foerderer Pavilion
- D. New Construction







provided on each level and will serve the patients on that floor. The physicians' offices will be leased to staff and all ambulatory care on campus will be delivered in that setting.

The main Jefferson Hospital entrance will be in the new building at ground level on 11th Street with a service entrance and a loading dock on Sansom Street. The street level space bordering on Chestnut Street will be rented to commercial activities. There will also be a small convenience parking area at ground level.

The Foerderer Pavilion will be extensively remodeled and will contain 185 beds which will be mostly for non-acute patient care such as Psychiatry, Extended Care, and Physical Medicine and Rehabilitation. In addition, the pediatric services, the obstetrical services, delivery rooms, and an enlarged and expanded Department of Clinical Laboratories will remain in this building. The Emergency Department, the Blood Bank, and a Pre-Admission Testing unit will occupy the entire first floor of the Foerderer Pavilion.

The two buildings have been carefully planned so that the programs at each level of the combined structure will compliment each other. An example of this will be on the 7th, 8th and 9th floors of the Foerderer Pavilion where the Extended Care, Physical Medicine and Rehabilitation, and Pediatric beds are housed respectively. Many of the patients occupying these beds will have a need for the Physical Medicine and Rehabilitation modalities on the 9th floor of the new building and for services of physicians located on the 6th and 8th floors. There will be a constant flow of patients and services between the two buildings and among the adjacent floors.

When completed, the Clinical Teaching Facility will provide 585 beds for Jefferson (400 in the new building and 185 in the Foerderer Pavilion). This is a reduction of 85 beds from our present complement and will be permitted by utilizing a variety of economies such as the single bed room technique and multidisciplinary units. After the Clinical Teaching Facility is completed and fully occupied, two of our present hospital buildings (the "Old Main" and Thompson) will be retired from patient services and the Curtis Clinic will be assigned to Jefferson Medical College for educational programs.

Recently Thomas Jefferson University developed a close affiliation with the Wills Eye Hospital and present plans call for the Wills Eye Hospital to move to Jefferson's campus and locate its hospital on two floors in the new building of the Clinical Teaching Facility. This will be done on a condominium basis with the 10th floor of the new building utilized for Wills Eye Hospital's out-patient care and the 11th floor for in-patient care. The implications of this move are many, but most importantly it will provide for increased efficiency and economy in patient care in both institutions as the Wills Eye Hospital will share all major professional and hospital services with Thomas Jefferson University Hospital.

As noted, the complex is being carefully designed to support our educational programs and is probably the first patient care unit in our history in which every patient's care is being deliberately incorporated into the teaching programs of the colleges of the University. Small units are being developed at every nursing station for individualized student instruction. Several larger conference spaces will be available on every nursing floor and in every department in the Clinical Teaching Facility. These will be available for larger groups of students, for seminars, and for other educational purposes. There also will be a major conference and educational center in the basement of the Thompson Building. A capacity for educational television and individual programmed student instruction will be provided throughout the facility.

The cost of the Clinical Teaching Facility, including the renovation of the Foerderer Pavilion, will be approximately \$63,000,000 of which only \$5,100,000 will be raised in Jefferson's Sesqui-centennial Fund Drive. This latter amount represents the estimated cost of the land purchased between 10th and 11th Streets and Chestnut and Sansom Streets. It is anticipated that the balance of the funds necessary for construction will be obtained through a hospital or municipal authority which will issue tax free bonds.

The proposed Clinical Teaching Facility will, therefore, be limited in size to Jefferson's educational and patient care needs and as noted will offer a full spectrum of in-patient, ambulatory, and outreach care services, it will respect the cultural and economic interests of the community, and will support the health care and educational goals implicit in national policy.

Specifically, a facility offering a single standard of exemplary in-patient and ambulatory care in multi-disciplinary settings related to physiological systems with single room accommodations, physicians' offices, and emergency services is presented in combination with a parking capability and taxable commercial space located at the northern-most part of the Jefferson campus.

## ALUMNI CALENDAR

### January 20

Reception in conjunction with the meetings of the American Academy of Orthopaedic Surgeons  
The Fairmont Hotel, Dallas

### March 1

Special Dinner and Annual Meeting,  
The Union League of Philadelphia.  
To honor Emeriti Professors and Recipients  
of the Alumni Achievement Award

### March 22

Parents' Day for Sophomore Students  
Jefferson Medical College

### March 27 to May 1

Otolaryngology for the Family Physician  
Wednesday afternoons

### April 2

Reception in conjunction with the meetings  
of the American College of Physicians,  
The Dorset Hotel, New York

### April 2 to May 21

Current Topics of Interest to the Physician  
in Primary Health Care  
Tuesday evenings

### April 8 to 20

Twelfth Postgraduate  
Seminar to Yugoslavia

### April 30

Reception in conjunction with the  
meetings of the American College of  
Obstetricians and Gynecologists, Las Vegas

### May 8

Reception in conjunction with the meetings  
of the American Psychiatric Association,  
Detroit

### May 22

Reception in conjunction with the meetings  
of the American Urological Association,  
St. Louis

### May 28 to June 7

Faculty Wives Club Art Show  
Jefferson Alumni Hall

### June 5

Reunion Clinics  
Dean's Luncheon  
Jefferson Alumni Hall  
Class Parties

### June 7

Alumni Banquet  
Bellevue Stratford Hotel

### June 8

Commencement  
Academy of Music

## REUNIONS 1974

### 50th 1924

Dinner  
Barclay Hotel  
Wednesday, June 5  
Chairman:  
Henry A. Brodtkin, M.D.

### 45th 1929

Afternoon at home  
of Patrick Pasquariello, M.D.  
Wednesday, June 5  
Chairman:  
Alfred E. Troncelliti, M.D.

### 40th 1934

Dinner  
Barclay Hotel  
Wednesday, June 5  
Chairman:  
C. Wilmer Wirts, M.D.

### 35th 1939

Dinner  
Barclay Hotel  
Wednesday, June 5  
Chairman:  
John H. Hodges, M.D.

### 30th 1944S

Dinner Dance  
Cherry Hill Inn  
Wednesday, June 5  
Chairman:  
Robert G. Salasin, M.D.

### 30th 1944J

Dinner  
Place to be Announced  
Wednesday, June 5  
Chairman:  
Burton L. Wellenbach, M.D.

### 25th 1949

Dinner Dance  
Jefferson Alumni Hall  
Wednesday, June 5  
Co-Chairman:  
Marvin M. Lindell, M.D.  
Harold Rovner, M.D.

### 20th 1954

Dinner Dance  
Jefferson Alumni Hall  
Wednesday, June 5  
Chairman:  
Edward M. Podgorski, M.D.

### 15th 1959

Dinner Dance  
Jefferson Alumni Hall  
Wednesday, June 5  
Chairman:  
Lawrence J. Mellon, M.D.

### 10th 1964

Dinner  
Place to be Announced  
Wednesday, June 5  
Chairman:  
Robert C. Mackowiak, M.D.

### 5th 1969

Dinner  
Jefferson Alumni Hall  
Saturday, June 9  
Chairman:  
Walter J. Finnegan